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HALL & THORNE, Publishers,
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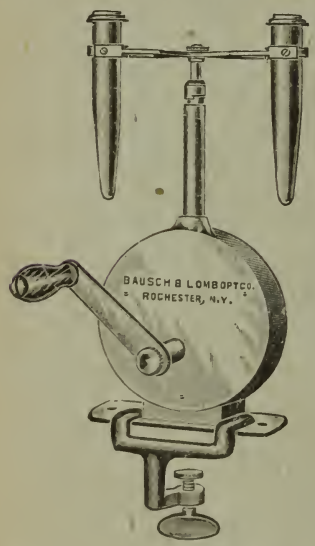

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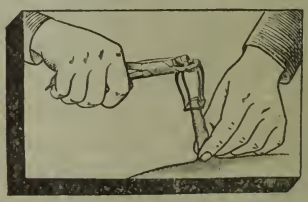

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VOL. I. JANESVILLE, WISCONSIN, JANUARY, 1898. NO. 1.

ORIGINAL ARTICLES.

ALKALOIDAL MEDICATION.

(First Paper.)

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, O. T.

It is the wish of the writer before entering into the subject matter of this series of papers, to answer briefly a few of the more prominent objections urged against Alkaloidal Dosimetric medication. It is objected to by some because they think its exponents are attempting to foist a new strange doctrine—a heresy upon the profession.

A moment's reflection will convince any honest physician that this is not the case at all. No one draws more upon the marvellous labors of your Bernards, your Beumonts, your Brown-Sequards, your Virchows and your Woods and Bartholows than does the doctor who uses the "arms of precision," in the battle against human suffering. To him the knowledge of the physiological (I think better named pathological) action of a remedy is indispensable to the successful administration of it. No man is a better judge of this action that he is because his whole therapeutic idea is founded thereon. He is always on the alert to catch the first appreciable effect of his remedy and seeks it just as the average physician looks for and solicits the ringing of the ears and deafness when administering the alkaloid quinine.

It is true my brother that the Alkaloidal-Dosimetrist is something of an innovator, but that fact may make for him as well as against him. It is conceivable that he may see something in the new which might be to your advantage as well as his to know. All advances in this world are innovations. All that your brother is doing he is endeavoring to accomplish within the profession. He is striving earnestly, too, and that is not a little in this era of shams. His drug armamentarium does not materially differ from the one to which you are accustomed. You administer morphine in preference to opium as being the more certain, accurate and elegant, so he prefers the active principles of all drugs in so far as obtainable for the same reason. And he prefers to give the minimum dose in measured quantity frequently repeated to effect and in as pleasant form as possible rather than the maximum dose at longer intervals in less elegant and accurate form.

Not so bad from any stand-point soever is it? "It smacks of homeopathy" we sometimes hear our brothers say of us, and our method. This for no other reason I presume than that our remedies are prepared in the form of granules, and are undeniably pleasanter to sight and taste than the old nauseous mixtures. It certainly cannot be because we believe in the law or so-called law of "similibus," or in the "infinitesimal dose" idea for we will have none of these. We believe in that broad eleticism which is not averse to laying hold of whatever will relieve human suffering, no matter from where or whom—

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and we believe this to be the spirit animating the profession in these latter days of the century.

"It is dangerous" to use such active medicaments is frequently heard. Danger cannot come from a remedy no matter how potent unless it is variable in its strength—a thing impossible with the alkaloids because they have a fixed chemical composition. Strychnine is always strychnine but fluid extract or tincture of nux vomica are not always uniform in strength as every physician of experience knows. Moreover do not all these Galenics depend upon the alkaloidal constituent, which unfortunately is present in variable quantity, for their activity? Again one of the first principles of alkaloidal medication is to give a minimum dose, rapidly repeating to effect. The mote is in thy own eye, brother.

We eliminate the element of uncertainty as to strength. A new bottle of belladonna on the druggist's shelf has frequently occasioned me uneasiness, not so with its alkaloid atropine. Being sure of our weapons we can use them in *offensive* fighting. Under the old plan we only too frequently went to sleep with soothing lullaby "self-limitation" and "expectant plan" humming in our ears.

Many of us have almost forgotten how to treat "disease" we are so intent upon trying to remove functional aberrations, knowing full well that if we can accomplish this early enough we have rendered impossible what is known as organic disease. The doctrine of self-limitation of disease is without doubt true. We speak of this as the *vis medicatrix naturae.* If it were not so we would have no criterion whereby to estimate the good or harm our remedies do. But knowing approximately the duration of a given affection we can arrive at fairly accurate results as regards treatment. We all know the duration of typhoid or enteric fever to be seldom less than 4 weeks and seldom more than 6 weeks. Now if with a certain form of medication combined with skilled nursing our cases get well in from 9 days to 3 weeks we can be reasonably sure our treatment has had something to do with this gain. In other words we have materially shortened the natural duration and therefore lessened the dangers of that particular ailment. This is possible—aye, is being accomplished by many physicians. You may demonstrate it in your own practice if you will familiarize yourself with the newer method. We do not consider it necessary to wait for an ailment to progress so far that we can name it this disease or that. To do so is frequently to miss the opportunity to cure. Expectant treatment and its hand-maid the placebo have no place in Alkaloidal-Dosimetric Therapeutics.

Given functional derangement which is the lineal antecedent of structural change, active medication should be begun as early as possible with a view of bringing about immediate resolution. It is for this that I love the method—it frees the hand of the physician to go to work at once. It is in this way that the alkaloidist regulates so-called disease. He attacks it energetically and with precision from the moment of its inception every time that he can get at it. So it is that specific medication comes to have a new and higher meaning. The search for specifics for diseases is fast vanishing, while the fact is growing more apparent every day that every remedy has a specific action upon the organism which action may be utilized in the cure and alleviation of physical ills. To do so successfully presupposes 1, an accurate knowledge of the pathological process of functional aberrations taking place, and 2, a thorough knowledge of the remedy (physiological action) with which we oppose abnormal processes. Aconitine is as much specific in opposing local conges-

tions and inflammations as quinine is in intermittent fever. But like quinine it must be used boldly to a full physiological effect. Dosimetrically this can be done with perfect safety. That it is possible to cure functional aberrations before they reach their ultimate destination of organic change is demonstrable.

In my opinion a "disease" is never curable—a *person* always is if the right means be used. The profession has already spent too much time treating "*diseases*;" it is now time to begin further back in the abnormal process. As the evolution of Therapeutics advances empiricism must pass away. Likewise the old nosological tables must be forgotten, we have out-grown them. With the vanishing of the myth that a certain number of grains or fractions of grains consitute a "dose" also departs its companion myth "disease" as a conceivable entity. A dose of any remedy may vary greatly in different individuals or in the same individual at different times under dissimilar circumstances. Therefore the only safe and effective way to give a dose of any remdy is to administer a quantity known to be safe, pleasant and soluble, and repeat frequently until the desired effect is produced. SOLUBILITY is thus emphasized because of its great importance. Insure to me the solubility of a medicament and I will insure you of its absorbability. Insure its absorbability and you need not worry over the so-called cumulative action of drugs. I have given digitalin continuously without fear of any untoward effect. I do not believe a cumulative action possible with the alkaloid.

Another factor militates much for or against the absorbability of a drug and that is its impression upon the sight and taste of the patient. We all know a remedy may be so disgusting to a patient that it will not be absorbed—may in fact be ejected by the insulted stomach. So here again the alkaloids have the advantage—an active dose may be given, it may be small, pleasant and soluble, in fact can always be made so. Every physician will at once recognize the advantage that lies in this fact.

Advances in therapeutics may be confidently looked for along the line of refining our present remedies and in that new and promising field, serum therapy, which is but another name for cellular therapy. The serums will undoubtedly be far more effective and reliable when we can isolate their active principles—perhaps even synthetically make them. So the reader will see how closely related are all these seemingly so divergent methods of cure. In reality as we get to know more about them these apparently so different methods approach each other by rapidly converging lines and their point of coalescence will mark a triumphant epoch in Therapeutics. We find the same immutable law of unity—oneness underlying medicine, too.

Evolution means an ever growing simplicity. This has been pre-eminently the era of surgical achievement. Now we are on the threshold of a new dawn in Therapeutics. The coming era is to be the Therapeutic era. The truth announced years ago by the far-seeing Virchow, "Omnis cellula e cellula," is coming to be realized and appreciated therapeutically as well as in the domain of Biology.

In this series of papers the physiological action of the remedies will be referred to in so far as that action may be applied in a practical way at the bedside. We will also endeavor to point out such combinations as we have found in our own practice to be of exceptional value. The writings of Shaller, Waugh and Abbott and the host of other able writers who have contributed to the fund of alkaloidal literature, will be drawn upon indiscriminately. Space will not permit a specific reference to the work of

each separately and this will be my acknowledgment of indebtedness to these masters in the art of Alkaloidal-Dosimetric medication. The Alkaloids will be considered in the alphabetical order. Of course in a series of this kind space will permit of a consideration of only the most important in the rapidly growing list. A beginner in alkaloidal medication, however, should take up but a few at a time, perhaps best but one, and thoroughly learn it by bedside experience. A perfect knowledge of the capabilities of a few drugs will give any physician a better mastery over disease than an imperfect knowledge of many. One will often be surprised how many indications a single drug will sometimes meet when we get upon talking terms with it.

In the summing up if we become not too tedious we shall append a few case reports from practice ilustrating the practical application of the method at the bedside.

(To be continued.)

A FEW REMARKS ON SCIATICA.

By J. M. Evans, Jr., M. D., Evansville, Wis.

The following thoughts came to me through two cases lately under my charge, and in dealing with Sciatica I accept the popular definition of the term, that is, a neuralgia of the sciatic nerve. Now a neuralgia of any nerve is painful, but when the great big sciatic gets out of order it means much suffering for the patient.

My first case of true sciatica was years and years ago, when I first began the practice of medicine and whether it was because I had gotten hold of one of those intractable cases or on account of the fact that, at that time my knowledge and powers were simply unlimited, I know not; at any rate the patient never got well, but contracted both the opium and whiskey habit and lived with his afflictions a number of years. He moved to a large city several years before he died, and the only satisfaction I got out of the case (beside some cash) was the fact that the succeeding doctors had no better success. I mention this case simply as a warning,—a warning that has undoubtedly been rung in your ears time and time again, that is, to beware of alcohol and the opiates in any disease likely to become chronic.

But of the late cases that turned my thoughts in this direction, one was a six foot man, very slim built, age 44 years. He strained his back repairing a windmill on the 20th of last September, and my first acquaintance with the case was on the 3d of the November following, when he came into my office. Between these dates he had been under the care of several doctors, but what they had done or prescribed for him I do not know. One could readily see in this case that it was neither a neuritis nor a perineuritis that had to be dealt with, but simply an irritated condition of the sciatic nerve, undoubtedly caused by the strain. The pain did not stop with the sciatic but continued down its terminal branches, including the leg to the foot, and the patient told me that the only way he could live was by continually changing his position, and that he could not sit down at all without making the pain much worse. To all outward appearance both limbs were alike, their temperatures even and the affected one could be handled quite freely though there were painful spots along the course of the nerve. I did not test the reflexes, the rest of the nerves, seemingly, being normal. I did not think of it. From his history and my examination I judged his organs and tissues to be in fairly good condition with the exception of his blood, and from the appearance of the mucous membranes I knew that to be deficient in red corpuscles. His wife had been rubbing the limb almost constantly and I think some of the doctors had given him similar treatment.

In treating any trouble it is always well to get as near the seat of its cause as possible, so I began by putting a large size cup on the back directly over the sacral plexus and slowly evacuating the air, stopping just short of drawing blood. This was left on about twenty minutes, and I allowed for the same length of time with hot and wet applications to the same area, until I all but cooked a limited portion of that man's anatomy. Turning patient on his back, I now placed a large sized electrode covered with a thick moistened pad over the cupped and cooked surface, or rather under them, as the man was on top, and it naturally took him some little time of careful manoeuvering to settle down on it. The other electrode was placed on the sole of the foot at first, but as the man improved, this electrode with the entire foot was placed in a water bath. In this way he took both the galvanic and faradic currents, at first taking the galvanic and following it with the fine wire induced current to soothe the pain. And later giving the entire limb electromassage by the wire from the coarse coil of a Tripier induction apparatus, and then giving the galvanic current. All of them given of as full a strength as the patient could bear comfortably. First, the applications of moist heat and then the cuppings were omitted as the man got better and the later treatments given only with the battery. The patient came to me every other day for a while, then three times a week and finally twice a week, the whole time consumed being a little less than one month. Internally I gave him tonics and salicylates. My last treatment was on Nov. 29, but I saw the man the other day and he says he is all right with the exception of a little soreness now and then, not only in the limb, but also in the back of his neck and for which he threatens to have more treatments.

Now I believe a break in the human system never entirely regains its original tone, and we all know that man is only as strong as his weakest part. Still, as the patient does not suffer any now, and has practically the same use of both limbs, and attends to his business as usual, I think all that is necessary will be for him to get further under the influence of the tonics and salicylates for the soreness to leave and effect a cure. This was a good case to handle for by the time the man came under my charge he was sufficiently frightened and discouraged to be quite pliable and I think we all appreciate the fact that of the two, men are much the harder class to treat.

My next patient was much more compactly built and about 48 years old. This case suffered a great deal more pain than the preceding, and on this account it was fortunate that the patient was a woman. She also had been under the care of several doctors, and I understood from her that the all diagnosed her case sciatica, and when I first saw her she certainly did have neuralgia of the great sciatica. But a few years previous to this she had told me about having some uterine trouble and when she came to me this time was willing I should do anything to help her. I found a straight case of prolapsed uterus with a relighted chronic endometritis and a commencing metritis. A large red os covered with blisters, the slightest pressure against which in raising the uterus would nearly throw her into spasms. Meeting Dr. Jackson about this time, I mentioned the case to him and the doctor told me to look out for cancer. This was a good thought, as I do not doubt that these troubles form the starting point of cancers many times, especially in women of that age. However, in this case I have seen no symptoms of cancer and I think pain is usually not such a prominent factor, in fact, excessive flowing is sometimes about the only symptom we have.

By the use of cocaine in the cervical canal I was enabled to lightly handle the

uterus for its first treatment and afterwards to place a small borated glycerine tampon in the vagina against the cervix. This relieved the pain considerably by taking off some of the pressure from the sacral plexus, but in a short time she was obliged to pull the tampon out as the uterus would not tolerate it. I could not find out just how much the uterus was bound down by adhesive inflammations without giving her an anaesthetic, which at that time I was afraid to do as for some time previous she had been saturating her system with alcohol and the opiates, she herself telling me that she was drinking whiskey by the quart. At each succeeding treatment the uterus bore handling more freely, and in a short time the inflammation was controlled and the tampons worn continuously.

Now, after the first treatment, I told the patient that I thought it probable that when the uterine inflammation was controlled and the organ would bear raising that the sciatica would let up, but I made no positive statement. I am sharper now, in that respect at any rate, than I used to be, and make no promises without inserting a few ifs. However, there have been a number of times when I wished afterwards, of course, that I had had a little more nerve in that direction. We all know doctors who are abundantly supplied in that way and promise anything the patient may wish, then if the case does not turn out as desired they have an easy style of lying out of it and with an apparently clear conscience.

But to return to the case in point, the uterus did tone up so that I could eliminate it as a present cause of the nerve trouble. As to its being the original cause I have no doubt. The difficulty with these cases is that a woman, with her uterus diseased, so seldom comes to a doctor until the part has gotten into such a pathological state that every other organ in her body is affected, including her entire nervous system and usually those of all her immediate friends. I told my patient the simple truth in this instance, which was, that the disease of the uterus had become so chronic and had kept up the irritation of the sacral plexus so long that the sciatic nerve had itself taken on an abnormal condition and we must now treat that, and this I did in about the same manner as in the other case and with equally good results.

In the first case very little medicine was used and nothing in the way of anodynes. But in the last case she had been using so much medicine to control the pain and for so long a time that I thought best to let her, at first, do as she liked about the whiskey and opiates, only insisting on her taking a tonic regularly and asking her to lessen the others as rapidly as possible. I was called to see her one day expecting to have to inject morphia hypodermically, but changed my mind, and though she was suffering intensely I gave her nitro-glycerine by the mouth instead, and with happy effect. This was at a time when the uterus had just begun to respond to treatment. I kept her on the nitro-glycerine in gradually decreasing doses for some time. The whiskey and opiates she gave up much more willingly and quickly than I had anticipated.

I find the literature on this subject quite meager, and the treatment summed up in few words, and what is stranger I can recall nothing sent me on this disease from our great supply houses of therapeutical literature, the proprietary people, and this recalls an incident that occurred the other day. One of their agents called and wanted to sell me a sure thing to abort an attack of gonorrhoea, and he was more than loud in his praise of the merits of the compound and of the testimonials of the same. I simply said that I saw no necessity for the preparation as the same thing can be accomplished with peroxide of hydrogen. The agent made

no further remarks about it, but saying that all doctors did not know that walked away. Now, I have no complaint to make of the proprietary houses and am always glad to talk with their agents, but we all know that their own interests are of paramount importance, and as Dr. Cotton remarked in his article on "How to Feed the Baby" (Journal of the American Medical Association): "So long as the medical profession relegates its thinking to commercial men the market will continue to be flooded with baby foods." And this is true in all the other branches, so that the doctor who allows interested parties to manufacture therapeutics for him deserves no sympathy when he fails, and in his capacity for mental work he is surely going to get left behind.

But returning again to the subject in hand, we must not overlook that old principle that shows itself out once more distinctly, and that is that the patient and not the disease is the one to treat. And if we would secure our full measure of success, not a point must be considered small enough to be overlooked in our untiring search for primary causes.

LOBAR PNEUMONIA, WITH SPECIAL REFERENCE TO TREATMENT.

By Dr. T. N. Miller, Rockford, Ill.

Lobar Pneumonia: Synonyms—Acute Pnuemonia, Fibrinous Pneumonia, Croupous Pnuemonia.

Definition.—Wood and Fitz define "Lobar pneumonia as an acute, insidious disease pursuing a more or less typical course, caused by the invasion of the lung by a variety of bacteria, chiefly the diplococcus pneumoniae, characterized anatomically by a fibrinous inflammation of the lung and clinically by continued fever, by dyspnoea, and by a variety of symptoms due in part to the absorption of toxins from the diseased organ."

Osler says, "According to the dominant view, pneumonia is an insidious disease caused by diplococcus pneumoniae, which has its seat of election in, and produces its chief effects on, the lung, and which can, under favoring circumstances invade other parts of the body,—the pleura, meningies, and endocardium. This microbe may possibly attack these parts without the intervention of inflammation of the lung, as it has been found in meningitis and pleurisy independent of pneumonia. It is a wide-spread organism, at times present in the buccal secretions of healthy persons. It is not improbable that the various predisposing causes, such as cold, exhaustion, and debility, lower the vitality and render the individual susceptible, thus changing the character of the tissue-soil, so that the virus can grow and produce its specific effects."

Etiology.—Pneumonia occurs in all climates and in all parts of the world, and is one of the most fatal of all diseases the physician is called upon to treat. It is said to cause from 7 to 8 per cent. of all the deaths where it prevails and it has a mortality of 20 to 40 per cent. It is more prevalent in this section in the late winter or early spring months. It is consequently a very appropriate subject to discuss at this time. It is not my purpose to enter extensively into the causation, history or morbid anatomy of pneumonia, but rather to dwell upon certain lines of treatment, that have proven useful in my own practice and to call out debate upon them.

Symptomatology.—Lobar pneumonia is usually ushered in by a chill. In many cases there are certain prodromata extending over three or four days, consisting of exhaustion, chilly sensations, languor or sense of oppression. But the usual history is an exposure to wet and cold. The chill is accompanied or at least shortly followed by deep seated pain in the side involved and is also accompanied by difficult breathing. There

is almost invariably a sharp rise in temperature, even at the time of the chill, the thermometer registering 102° to 104° F. The cough is suppressed as far as possible on account of the pain and is rarely followed by expectoration at the earliest stage. There is often a condition akin to surgical shock at the time of the chill and which renders the stomach incapable of absorbing medicine or nourishment. The pulse in lobar pneumonia is full and bounding and the ratio between pulse and respiration much disturbed. The fever in lobar pneumonia continues high during the whole course of the disease until it comes to a sudden drop by crisis on the fifth or ninth day, though more rarely it may go down by lysis. The expectoration by the second or third day becomes tinged with blood or in severe cases clear, frothy blood. The amount and variety of the expectorate varies, as also the amount of blood in it until the height of the disease is reached, when it becomes more free, and either dark prune juice colored or lighter and more purulent and with less blood in it. The scantiness of expectoration is often in young adults an indication of a serious condition, though in children under fourteen years of age there may be no expectorate in the whole course of the disease.

Diagnosis.—The diagnosis of lobar pneumonia is not usually difficult. The chill, fever, pain, dullness on percussion, the anxious countenance, the dyspnoea, the bloody expectorate, make a train of symptoms that rarely or never occurs in any other disease. If there be any doubt a microscopic examination of the blood in pneumonia will almost invariably show a marked increase in the number of white blood corpuscles as well as vast numbers of diplococcus pneumoniae.

Prognosis.—I quote from Wood and Fitz: "Although it has been estimated that between one-sixth and one-fourth of all cases of pneumonia prove fatal, the statistics aid us little in the prognosis of the individual cases, owing to the importance of the peculiarities of the individual, especially as determined by age, habits and complicating diseases. Children generally recover from fibrinous pneumonia. In persons above sixty the mortality is high (so high that it is often called the natural end of the old man). In alcoholic subjects the mortality may be even 50 per cent. The prognosis of pneumonia is serious when it is a complication of emphysema, heart disease, nephritis, diabetes, or advanced pregnancy. The more extensive the area of lung involved the graver the prognosis, it being especially severe in double pneumonia. The mortality in pneumonia of the upper lobe, so often associated with cerebral disease, is generally considered higher than in pneumonia of the base, although numerous exceptions exist. In asthenic or in bilious pneumonia, with typhoidal symptoms, the prognosis is far less favorable than in typical pneumonia. Death takes place usually in the stage of red hepatization, and shortly before the expected crisis, although now and then it occurs in the incipient stage of engorgement, or soon after the crisis has taken place. It is generally the result of cardiac incompetency and asphyxia, due in part to the effect upon the nervous system of the toxins of the diplococcus of pneumonia and in part to the solidification of the lung. The ominous symptoms are a persistent increase in the frequency of the pulse and respiration, trachial rales, prune juice sputum, stertorous breathing, cyanosis, and muscular tremor."

Treatment.—It is here that the best judgment and skill of the physician is required. Not only do we need and the case urgently demands a different kind of treatment in the various stages of the disease, but, also, peculiar conditions of the patient need careful looking after

and remedying. We cannot use the same treatment in the robust farmer and the debilitated merchant, who has been housed up in his store. But there are several lines of treatment in each stage which now claim our attention.

First—The stage of lung engorgement.

(a) Here bleeding formerly held sway, not the careful hesitating method which we adopt, and our hesitancy in some cases at least costs the life of our patient, but freely until the patient fainted away from the loss of blood. This is valuable in certain cases.

(b) Then the use of arterial sedatives as veratum, aconite, bleeding into the veins as some have called it; more properly it might be called converting the arterial into venous blood; though this may have yielded good results in certain hands, yet as a rule it is not good practice.

(c) Though many good authorities say that "Pneumonia can neither be aborted nor cut short by any known means at our command," yet I have seen cases which have presented all the characteristic symptoms of the early stage of pneumonia, chill, fever, lung engorgement, and yet have them all relieved by means of diuretics and diaphoretics. In other cases the force of the disease has been apparently broken by the old fashioned corn-sweat. Hence in the early stage, first and second day, in diaphoretics and diuretics we have valuable means of combatting the dread disease.

In the second stage, when consolidation has already taken place and exudation outside the blood-vessels has already been formed, there are two main indications for treatment—"to lower the temperature and to support the heart." Here we must avoid as dangerous arterial sedatives and coal-tar derivatives, whose name is legion. The heroic doses of digitalis, an amount equal to 80 grains per diem of the leaves, has many and warm advocates, in the last few years, and their results seem to justify their ecomiums, though I am unable to speak from personal experience of its value.

The treatment of pneumonia by antitoxin serum as advocated by Klemperer and others may also be ranked as a new and promising treatment. The best results claimed for this method is that it hastens very greatly the development of the crisis. Prof. Wood says of it in the trials made in Philadelphia with the treatment, the effects of the injections were distinctly evil, and at present, the method is simply in the stage of preliminary experiment; its use is not justified except for the purpose of research in the hands of experts.

While waiting for the experts to perfect this treatment and hoping that they may have perfect results that may prove a boon to humanity, we can still resort to remedies that have stood the test of time and have not failed us in many a critical contest.

In strychnine we have the best heart tonic, but to secure its best results we must commence its use early and keep up its use persistently. In adults beginning with 1-60 grain every 3 hours on second or third day, we may gradually push up to 1-15 grain every 3 hours night and day. Do not wait for the heart to begin to fail before you resort to it and then hope to regain the ground already lost. It seems to me that strychnine is the sheet-anchor of our hope to tide over the failing heart in the second stage of pneumonia. Cocaine is said to stand second to strychnine in its value as a cardiac stimulant. Atropine is a decided respiratory stimulant and its use near the crisis of the disease has an additional value in the fact that it checks excessive perspiration.

The use of the so-called stimulants, alcoholics, as whiskey, brandy, etc., seems to me clearly contra-indicated because of their tendency to increase the

amount of carbonic acid in the blood, as well as their benumbing effect upon the nerves of respiration and the heart. They certainly lower temperature only by lessening oxidation and conserve strength by retaining waste products in the system. I have given them under the advice of consultants and have yet to see the first case of pneumonia in which they proved of permanent benefit.

The temperature which runs high for only a few days in pneumonia, can usually be disregarded; indeed some physicians claim that high temperature is conservative and hastens the crisis of the disease. But if it is deemed harmful it is best reduced by cold sponging, the cold pack or even as the Germans advocate, by the means of the cold bath or ice-bag to the chest.

The use of the oil-silk or muslin jacket, with flannel cloths wrung out of hot water, so as to keep the whole chest bathed in warm steam has seemed to me, to be of value in several ways: to reduce temperature, to relieve cough and pain, to promote expectoration and to hasten the crisis. This is of permanent value in children.

Of all the expectorants, and I have tried many, the only thing that has stood by me and given satisfaction is the old fashioned Dovers powder, given in repeated small doses as 3 or 5 grains combined with quinine 2 grains, every three or four hours.

In the third stage or the stage of resolution I have found nothing equal to some preparation of the iodides, as Wampole's syrup of hydriodic acid, 1 drachm every three hours, or iodide of potassium, 5 grains in syrup sarsaparilla compound, every three hours. In delayed resolution the repeated application of small fly blisters to the affected area has been of great aid in clearing up the lung.

The importance of having our pneumonia patient in a large, well-ventilated room is appreciated by everyone, as well as careful, intelligent nursing, and nourishing liquid diet.

IMPOTENCE.

By F. T. Field, M. D., Elroy, Wis.

As the sun with its genial rays is the center of our solar system, drawing and holding in perfect relation all the bodies that revolve about it, so may the sexual organs in man be termed the great center of his being while all others are mere satellites in comparison. In spite of the importance of these organs and the great distress of mind and suffering of body that ensues when they become functionally or organically deranged, the medical profession, as a class, have not given sufficient time and study to make a clear diagnosis or establish a rational line of treatment. This has left open a remunerative field that quacks and charlatans have not been slow in occupying to the great detriment of a large class of sufferers and really to the discredit of the profession.

What is sexual weakness or impotence? It may be said to be any deviation from the normal standard of sexual vigor and health from whatever cause. The scope of this brief paper will not admit of giving the anatomy and physiology of these organs, but they should be carefully studied to enable the physician to get an idea of the importance of making a correct diagnosis and instituting a proper line of treatment. Impotence may be divided into three classes, organic, psychical, atonic or functional. As the general practitioner is seldom called upon to treat any other but the atonic or functional, this paper will be devoted principally to that class.

The etiology of atonic impotence may be classified somewhat as follows: masturbation, gonorrhoea, stricture, sexual excess, alcohol, tobacco, cigarette smoking, morphine, cocaine, bromide potassium, poisoning by carbonic acid gas, abnormal condition of the urine, etc.

One or more of the above causes may produce one of two forms of impotence, namely: The irritative or the paralitic. The former is characterized by occasional nocturnal emissions, erections are strong as a usual thing, but may be imperfect, the desire for sexual congress, in the majority of cases, is abnormal, and great suffering is often present from the long continued erections that occur nightly. A patient once informed me upon making inquiry as to this symptom that he was driven nearly insane from this cause; that just as soon as he became warm in bed an erection would occur and last the entire night and he would seemingly have to resort to masturbation to obtain a few hours of rest. In attempting intercourse the ejaculations are always premature, often occurring on mere contact.

In the latter, the erections are usually absent, there is but little if any sexual desire, and when the ejaculations do occur they are without force, the semen simply running out of the flaccid organ. Ninety per cent. of atonic or functional impotence belong to the irritative form, and the trouble will be found in a large majority of cases in the prostatic urethra. There may be all the way from a simple hyperaemia to an active inflammation in this portion of the urinary track. This condition is usually brought about by the following causes as in their order given: Masturbation, gonorrhoea, stricture, sexual excess or excessive venery, and prolonged ungratified sexual excitement. As this portion of the urethra is richly supplied with nerves from the vesicle plexus, hypogastric plexus, pudental plexus from the sacral ganglia and sacral nerves, lying in close proximity with the prostate gland, bladder, seminal vesicles, receiving the ejaculatory ducts and numerous ducts from the prostate, we can readily see how any irritation in this part of the urethra could set up not only a reflex irritation in a part or all the neighboring structures but in the spinal cord and brain as well.

Organic impotence usually depends upon some malformation of the sexual organs, changes in the lumbar center of the spinal cord from some lesion, as in locomotor ataxia, destruction of the testicles from disease, as in mumps, syphilis, or turberculosis, and is incurable unless the cause can be removed which is seldom the case.

Psychical impotence is rare but may exist in certain neurotic individuals. A careful search will usually find the cause to exist only in the patient's mind. It may require some medicine, good advice, and in some instances hypnotic suggestion may be employed with decided benefit to effect a cure. To make a correct diagnosis we must have from the first a full and truthful history of the case. This may require some tact and push on the part of the medical man, but the patient must be made to understand that his case can not be treated successfully without such history. Then a careful examination should be made of the genital organs, including the rectum. All sources of possible irritation must be looked into. If there is a long tight prepuce that must be removed. If there is a short fraenum that must be cut. If there are hemorrhoids they should be cured. The urine should be examined in all cases and traces of pus should be carefully sought for, and if found the source must be ascertained. A hypersensitive, irritable prostatic urethra caused by masturbation or sexual excess may be easily cured, but where the prostatic sinuses are discharging pus and the inflammation has extended to the seminal vesicles and the ejaculatory ducts have become soft and patulous, the result of an old chronic gonorrhoea, such a condition of affairs is a horse of another color and will put the medical man to his trumps. to cure. Where there is running, more or less, at the meatus, and especially during

or after defecation of a thin glairy or milky substance it indicates a catarrh of the prostatic urethra, commonly called prostaticorrhoea. Such a discharge often frightens patients severely, especially after reading some of the quack literature that floods the country, and they at once imagine they are losing great quantities of semen and a maniac's doom stares them in the face. True spermatorrhoea is rare and a correct diagnosis can not be made without the aid of the microscope.

After a correct diagnosis has been made the proper line of treatment will naturally suggest itself to the intelligent physician. No two cases will require exactly the same treatment. The habits, environments, idiosyncrasy, temperament, etc., must all be taken into consideration. Both constitutional and local treatment are generally necessary. The latter should consist in the beginning in removing all sources of irritation of whatever nature. If there are hemorrhoids they should be cured. If there is a long prepuce it should be removed. If there is varicocele, if it will not admit of an operation, a proper suspensory bandage should be worn. If there is a narrow meatus meatotomy should be done. If there is stricture that should be dilated. When any or all of these sources of irritation have been removed we are in a position to treat the patient with some degree of success. The application of cold, heat, the instillation of nitrate of silver, and the passing of a full size cold steel sound are among the remedies to be employed. Cold or heat may be applied both to the entire urethra by means of a Winternitz cooling sound, and to the prostate through the rectum by means of a rectal irrigator. Instillations of nitrate of silver from 1-2 to 3 grains to the ounce may be made with a deep urethral syringe to the prostatic urethra. Where there is vesiculitis the stripping or massage of the seminal vesicles as advised by Fuller is a valuable aid to the treatment. It needs to be thoroughly understood, though, by the operator. Electricity is another remedy that, if used properly, will cure more cases of atonic impotence than any other single remedy. The galvanic current is usually employed, but both the galvanic and faradic may be of service. The space allotted to this paper will not allow giving the minute details of the various methods employed in treating a case of atonic impotence, but if the reader has become sufficiently interested so that he will take the time to look up this most important subject and be able to treat these cases as they should be treated, the writer will consider the time well spent in preparing this article.

A jury at Stevens Point recently returned a verdict of $5,000 damages in favor of the plaintiff, Mrs. Green, against the Ashland Water Co., of Ashland, Wis. The plaintiff's husband, it is said, died of typhoid fever, which is claimed to have been caused by impure water furnished by the water company. Several years ago there was an epidemic of typhoid fever at Ashland, which is said to have been caused by contaminated water taken from the bay. Since then the water company has extended its pipes and put in a filtration system supplying pure water. The case will be appealed, and the decision of the Supreme Court is awaited with interest, as it will decide the responsibility of water companies.

The epileptics of Pennsylvania have a home in the Hospital for Epileptics and Colony farm at Oakbourne just completed. The Medical News gives the details of the founding and organization of the institution. It was built from endowments made by individuals and the state. H. C. Lea of Philadelphia gave $50,000, which made the enterprise possible. There is need of such institutions in all states.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

ERYSIPELAS.

A subscriber asks: What is the best treatment for erysipelas, acute and chronic?

We leave this for our readers to answer, and we ought to have at least a dozen letters on this practical and interesting subject for our next number. There are a great many ways of treating erysipelas and all of them of value. Let us have your experience with erysipelas, doctor.

SUBMUCOUS CAUTERIZATION.

Dear Doctor Thorne:—I have just read your article on The Extremes of Nasal Surgery.

Can you indicate to me the technique of submucous cauterization? Thanking you in advance,

Very truly,
Thos. M. Stewart.

Cincinnati, Ohio.

I believe in removal of hypertrophied tissue of the turbinated bodies by galvano-cauterization but I do not believe in wholesale destruction of the nasal mucous membrane, so I practice submucous cauterization. This can be done by sinking the electrode through the mucous membrane at the posterior extremity of the turbinate, carefully drawing forward with most of the electrode beneath the mucous membrane. A still better method is to use a small sharp pointed electrode, which can be put under the mucous membrane at the anterior extremity and pushed backward, very carefully, with scarcely any destruction of the membrane. I always have the parts well anaesthetized and use small electrodes; the large, flat cautery electrodes sometimes used do entirely too much destruction. The galvano-cautery is an invaluable method of doing many operations when properly used.

Editor.

PSORIASIS.

An M. D. writes: Please give me treatment for psoriasis.

Chrysarobin is the best remedy for the external treatment of psoriasis. It is commonly used in an ointment of 5 to 10 per cent. strength but the objection to this is that it injures and discolors the clothing and the application cannot be well limited to the spots of psoriasis. The following formula is the best method of using chrysarobin:

Chrysarobin - - dr. i.
Aetheris et alcoholis aa q. s.
Collodii - - oz. i.

The chrysarobin is rubbed up in a little ether and alcohol and then added to the collodion and the mixture well shaken. This is applied to the parts with a brush and allowed to remain a week, then the patient takes a thorough bath. Chrysarobin should not be used around the face, where, however, white precipitate can be used quite effectively. Pyrogallic acid and tar preparations are also of value in treating psoriasis. After using chrysarobin, it may be necessary to use some soothing ointments. Arsenic is considered the best internal remedy to prevent a recurrence.

PILOCARPINE IN DIPHTHERIA AND LABYRINTHINE DISEASES—MENIERE'S DISEASE.

Dear Doctor Thorne:—Another M. D. and myself exchange our medical literature, so we get a good deal of reading matter for a little money. Have just read your article in April Clinic on Pilocarpine. Do you use the Muriate or Nitrate?

The Muriate of Pilocarpine has been

my "stand by" in diphtheria for sixteen years. As to its use in labyrinthine disease of the ear, have had poor success. Will give details of last case.

F. W., age 22, strong, healthy country boy. No specific taint and did not use tobacco or liquor; first complained of dizziness. My first thought was congestion portal circulation, treated two weeks. No better and said his "ears had commenced to buzz."

A rigid examination disclosed hearing in one ear reduced to four inches, in the other to nine, tested by a watch. Could not follow a stripe in a carpet across the room, always bearing off in a circle. Could not stand up and close his eyes; would begin to sway and would fall if not supported. No girdle pain, leg pain or back ache, so I excluded ataxia. The deafness, dizziness growing, all symptoms growing worse, I told him the probable outcome would be total deafness and then most likely he would get over dizziness, noises. I sent him to an ear specialist but he fell into the hands of a "bowel doctor" who told him he had impaction of the colon, and kept him in bed six weeks, irrigating his bowels daily. In bed on his back, the dizzy symptoms were better. He came back and I told him he had "sinned away his day of grace," procrastinated too long in the proper treatment. He went to St. Louis and two eminent physicians confirmed my diagnosis. In six months he died, being paralyzed, blind and deaf. What would have been good adjuvant treatment to Pilocarpine? I used Quinine and Salicylate Sodium (because they are recommended by high authorities), though theoretically it seemed to me they would increase instead of relieving any congestion of the labyrinth.

Now the question as to the pathology of Meniere's disease, Is it an exudate pressing on the nerves in the labyrinth or a dryness of the same? My idea is a lack of natural moisture. If an effusion, why Pilocarpine? Unless "similia similibus."

Fraternally,
W. K. Harris, M. D.,
McLoud, Okla.,
Pottawatomee Co.

This interesting letter from Dr. Harris opens a large field for investigation, study and discussion. I have used pilocarpine nitrate in labyrinthine diseases with considerable success, and also with some failures. In labyrinthine disease, secondary to syphilis, pilocarpine hydrochlorate hypodermically is of great value. Pilocarpine is an active eliminant and in addition to its other well known properties, has an alterant action, which adds to its value. I trust we may have a number of letters from Recorder readers, for the February number, giving their opinions and experiences with Meniere's and other labyrinthine diseases. It would also be profitable to have a general discussion on pilocarpine. Dr. Harris is a close observer and the Recorder hopes to have other contributions from him.

Editor.

The Wisconsin Druggists' Exchange for Dec. says: "The Wisconsin Medical Recorder is the title of a new journal to be issued from Janesville. Wm. Hall, the business manager, is a thorough business man, and Dr. J. P. Thorne, who will edit the journal, stands high in the medical profession. The guaranteed circulation is five thousand. The journal will be a monthly and will, with the able management it has, be a success."

The Druggists' Exchange is one of the best pharmaceutical journals in the country and we are pleased to receive Editor Heimstreet's welcome.

Large and severe epidemics of typhoid fever have prevailed in England this winter. Extensive trials have been made with typhoid vaccine.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.
WM. HALL, Business Manager.

SUBSCRIPTION PRICE:
$1.00 Per Year in Advance; Single Copies, 10 Cts.

Original Articles are solicited from our readers We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the au hor.

Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received.

HALL & THORNE, Publishers,
Janesville, Wis.

THE RECORDER.

The first number of THE WISCONSIN MEDICAL RECORDER is before you for your kind consideration. While there is no dearth of medical journals yet there is a field for The Recorder, which we shall attempt to fill and how well we succeed our readers can judge. We think our first number is creditable in character, size and press-work. Many prominent journals have commenced much smaller than The Recorder and grown to their present size, and The Recorder intends to grow in size and influence.

The success of a medical journal depends on its contributors and advertisers, and The Recorder is fortunate in having a list of able contributors and the support of good advertisers. The articles in the Recorder will all be original and will be contributed by the best physicians and surgeons in Wisconsin and the United States. We are pleased to present our readers advertisements of reliable houses, which are worth reading. We intend to make this a high character journal in every respect.

Dr. A. L. Blesh's article on Alkaloidal Medication will be read with interest and profit by all. Next month's article will be on Aconitine and everyone should have the article on this important alkaloid to read and refer to.

The article on Sciatica by Dr. J. M. Evans, Jr., is just what we need, practical and on a disease we meet so frequently.

Pneumonia is thoroughly treated upon in Dr. T. N. Miller's paper. The paper represents much research and experience and is very timely at this season of the year.

Dr. F. T. Field handles the subject of Impotence in an excellent manner and a perusal of his article will mean more success for the regular practitioner, less business for the charlatan.

The Discussions department contains an interesting case report by Dr. W. K. Harris and several questions are brought up, which we hope will be thoroughly discussed. We request our readers to send in their letters for this department, and make it spirited and valuable.

The Doctor's Library, Items of Interest and The Medical Societies are departments which will appear regularly and we think will be appreciated.

We are arranging for a large number of original articles to appear through the year and our regular subscribers have a great feast of good things in preparation for them. We have a splendid article, for next month, written especially for the general practitioner, on Gonorrhoeal Ophthalmia, by Dr. J. E. Pratt, a specialist, of Aurora, Ill. A paper, The Bladder in Old Age, by Dr. Ben. H. Brodnax, will also be in the February number. Dr. Brodnax always writes well and is a close observer. E. M. Epstein, A. M., M. D., the well known medical writer, will have something of interest to offer us.

We shall also publish at an early date articles by Dr. C. S. Sheldon, secretary of the Wisconsin State Medical Society,

Prof. F. T. Nye and other prominent medical men.

The Recorder is published in the largest city of southern Wisconsin, where the mail facilities are excellent. Our city has a vigorous local medical society, composed of physicians of all schools, two hospitals, and a large number of physicians, who ably represent all branches of medicine and surgery. We expect, from time to time, to publish articles by the different physicians of the city.

Very few medical journals have started out with as bright prospects as The Recorder. As we go to press we are arranging advertising contracts for high-class advertisements from some of the largest and best firms in the country and cash subscriptions are coming in daily.

The Recorder aims to be an up-to-date, independent, original, medical magazine devoted to the best interests of the whole medical profession.

DOSIMETRY.

The alkaloidal-dosimetric system of medication has grown gradually from its inception by Burggraeve, of the University of Ghent, until the present time it occupies an important place. We do not by any means think it fills the whole field of therapeutics but it has a place in the practice of every physician. The system is used by physicians of all schools and is serving a useful purpose in bringing physicians of different schools together and binding them in closer union. It is helping us to reach that ideal condition, when we shall all be physicians without school distinctions, recognizing and dropping our own fallacies and seeing and utilizing the good things of our brethren of other schools. There are now journals devoted to dosimetry, works on the subject and houses engaged in manufacturing the preparations. Some idea of the place alkaloids hold in medicine can be gained by examining the catalogue of any manufacturing pharmacy and noting the large number of alkaloids in the list. A large variety of alkaloids will be found in the pills, granules, tablets and other preparations of every such firm. As a progressive medical journal we are pleased to present our readers the series of articles on Alkaloidal Medication which begins in this number.

Dr. Blesh is one of the brightest physicians and writers of the day and is thoroughly conversant with his subject. He is an original thinker, and while all our readers will not agree with all he says, there is not a physician of any school but will profit by reading the articles. After the introduction an article will be presented on an alkaloid every month until the principal alkaloids have been described. This series will run throughout the year and when the year's numbers are bound the volume will contain a valuable treatise on dosimetry.

FORMALDEHYDE.

This antiseptic and disinfectant has been talked about so much the past year that it is worth investigating its many claims for notice. Formaldehyde is also known as formol and one firm prepares a 40 per cent. aqueous solution under the name of formolin. It is made by passing the vapor of methyl alcohol or wood spirit over heat.

Formaldehyde is one of the most active germicides known, a 1 per cent. solution will kill a pure culture of almost any pathogenic micro-organism. A solution of 1 to 2,000 or 3,000 will kill most germs while 1 to 10,000 will stop the growth of the most virulent microbes. For sterilizing hands, clothing, instruments and the field of operations, it is very efficient as the writer has demonstrated by clinical experience.

Rooms and clothing can be disinfected by using formaldehyde as a spray. The hands are best sterilized by

washing in antiseptic soap containing formaldehyde. The vapor of it is disinfectant and so wherever it is used the surrounding air is made antiseptic. Its action is greater when the vapor is thrown out by heat or a warm solution used. This has caused some to claim that it has a weak action when used in a cold solution but this is not true as we have proven by numerous trials that the cold aqueous solution is an exceedingly active antiseptic. But in operative and therapeutic work it is better to use warm solutions as good results can then be obtained with weaker solutions.

In therapeutics it is of use wherever an active germicide is needed, but it is necessary to remember that it is irritating if used too strong. It is of value all through general and special surgery and is one of the newer remedies which will retain a permanent place. One great advantage it has over other antiseptics is that it does not injure anything with which it comes in contact, such as instruments, clothing and room furnishings. It is largely used in preparing and preserving specimens, both macroscopic and microscopic.

New uses are being found all the time for formaldehyde. The latest use we have heard of is that proposed by Dr. J. D. Whitley in the Medical Fortnightly, who considers it the best test for albuminuria. He recommends the test as simple, trustworthy and sufficiently delicate. In testing, three parts of urine are mixed with 1 part by volume of formaldehyde 40 per cent. solution in a tube and mixed by shaking gently. If albumen is present it appears cloudy and precipitates in a gray or whitish deposit.

Formaldehyde is at our service as a preserving agent, disinfectant, antiseptic and chemical reagent. It is one of the best, safest and surest antiseptics we have and the indications are that it will stand at the head of the many valuable antiseptics discovered in the last few years.

The International Lepra Congress met recently in Berlin and the authorities present agreed that the bacillus of Hansen is the specific germ and is absolutely diagnostic. These bacilli are found in the secretions of lepers and, without doubt, cause the spread of the disease by infection. Hansen's resolution, that isolation is the best means of preventing the spread of the disease, and that the system in vogue in Norway is recommended to all nations, was unanimously adopted. The Norway system provides for the isolation of patients either in public institutions or at home. Three lepers were recently discharged from the New York Hospital for Contagious Diseases with the statement that leprosy is not contagious. This has stirred up considerable discussion and feeling, but the best authorities of the world agree that there is danger in allowing lepers to mingle freely with the public. In the United States lepers should be kept isolated and thus leprosy kept from spreading. If this is not done leprosy may yet become alarmingly frequent as enough leprosy exists among immigrants to start the dread disease.

The royal oculist, Duke Carl Theodore of Bavaria, has attracted considerable attention of late on account of his being called upon to attend the Kaiser for the injury done his majesty's eye on a cruise. Duke Carl is devoted to ophthalmology and has done over 1,000 cataract operations. The duke has two principal establishments, in Munich and Meran, the famous mountain curort in the Tyrol.

Hyoscyamine is being much used in the treatment of paralysis agitans of late. It gives most admirable results in many cases.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Sodium nitrite is a good diuretic.

Now is the time to subscribe for The Recorder and get a complete file.

New York city has appropriated $60,000 for a hospital for consumptives.

Pilocarpine hypodermically administered often stops puerperal convulsions.

The Wisconsin Medical Recorder is up-to-date. Please send in your subscription.

Dr. Louis Crusius, the St. Louis physician and artist, died unexpectedly, January 2d.

Dr. Edward Jackson, the eminent oculist, says eyes are strained by looking through poor window glass.

Dr. H. N. Moyer, of Chicago, the editor of Medicine, was held up by footpads last month and was shot in the thigh.

The litmus pencil made by J. S. Tyree, Washington, D. C., is the best, cheapest and most convenient way of using litmus.

We should be pleased to receive from our readers news items of any kind pertaining to the profession, medical societies, or hospitals.

Iodocrol is said to be a good substitute for iodoform. The claims are, that it is safer, more efficient, and free from disagreeable odor.

New York has a colony for epileptics at Sonyea. Last year the industrial and agricultural products paid more than half the expenses.

An antiseptic soap is made by Pauly and Pauly, which contains formaldehyde and is unexcelled for sterilizing the hands before operating.

A large quantity of phenacetine was recently smuggled into the country and was seized and confiscated by the government officials at Woonsocket, R. I.

The Abbott Alkaloidal Co. do an immense business in alkaloidal preparations, because they furnish a high grade of goods and are fair and square to deal with.

Calcium iodide is a good remedy in all forms of croup. One-third grain is given every ten minutes until relief is obtained, then every one-half hour to hour.

Cocaine has advanced in price, owing to the demand for it abroad and the scarcity of the crude material. The price will probably keep up for six months.

The local application of oil of turpentine sometimes gives good results in treating acne. Anything which promises a cure in this most obstinate disease is worth trying.

We have arranged with our advertisers to give our readers free samples of their preparations. It will pay to fill out all the coupons in the advertising pages and send them in.

A number of the journals are discussing the need of sanitary inspection and regulation of slaughter houses. Without doubt many country slaughter houses are sources of disease.

Dr. Gueorguievsky considers a two per cent. solution of pure sodium bicarbonate better for surgical dressings than the usual antiseptics. He claims it will arrest purulent secretion and phlegmonous inflammation.

The ethyl chloride spray has become a necessity to the modern surgeon for local anaesthesia. This gives good anaesthesia for most minor surgical operations, but in order to get the best results the ethyl chloride must be pure.

It should be remembered that Imperial Granum is not only the great infant food but also an ideal food for invalids and convalescents, as it is palatable, nutritious and concentrated. There are many dainty ways of preparing it and it is used in practice by thousands of progressive physicians.

Zomakyne is proving in the hands of many physicians to be a most efficient anodyne, antipyretic and antiseptic. It consists of caffeine combined with a coal-tar derivative, and is active but is neither depressant nor toxic. It is superior to many such remedies on the market and is surpassed by none.

If you will write to John Carle & Sons, 153 Water St., New York, they will send you prepaid a supply of samples of Imperial Granum which is worth sending for. Mention The Wisconsin Medical Recorder and ask them to put in some Clinical records. These are very useful for recording cases.

During the year we shall publish some original articles, which will not be expressive of our views and which you will probably not agree with. When you see something of the kind write out your views and send them in for our Discussions department and thus we can have both sides of many subjects.

The new medical practice law of Wisconsin is doing a good work in keeping many unqualified practitioners out of the state. The more rigid laws enforced in a number of states during the past year would have caused a large number to come to this state, which is already well equipped with efficient practitioners.

Echinacea is a remedy highly extolled by the eclectics and should be tried by all practitioners. It is regarded as an alterant and antiseptic and as a powerful stimulant to lymphatic action. Excellent results are claimed for it in the continued fevers and septicaemic conditions. It is used both externally and internally in hydrophobia.

This department will contain every month notes on new remedies so that any physician reading it regularly will be informed on the latest therapeutic measures. We should like our readers to report their results in practice with the remedies mentioned. We should also like questions sent us about them, that we may have live discussions on therapeutics.

The funis ring applicator, devised by Dr. A. C. Kellogg, is one of the best in-

struments ever offered to the obstetrician. It applies a rubber ring to the funis so that hemorrhage and septic infection are absolutely impossible. No physician doing obstetric work can afford to do without it. We have seen it used in practice and know it to be far superior to any other method of dressing the umbilical cord.

The State Board of Medical Examiners met this month in Milwaukee for the transaction of important business. A report of this meeting will be given in our February issue. The members of the board are Drs. E. E. Walbridge and F. A. Forsbeck, of Milwaukee, Samuel Bell, of Beloit, H. Ludwig, of Richland Center, J. R. Currens, of Two Rivers, H. B. Dale, of Oshkosh, and C. E. Quigg, of Tomah.

The Wisconsin law to prevent adulteration of drugs and foods went into effect Jan. 1, 1898, and will be enforced by the State Boards of Health and Pharmacy. Drugs are considered adulterated that differ in strength, quality and purity from the U. S. Pharmacopoeia standard. No one is allowed to sell or offer for sale patent or proprietary medicines, which contain morphine, cocaine, strychnine or any poisonous or narcotic drugs without the formula being on the bottle. This law will doubtless stop the sale of some popular patent medicines.

The Ohio law requires that proprietary medicines, which contain narcotics and other dangerous and poisonous drugs, shall have a statement on the label showing the contents. Commissioner Blackburn of the State Food Department is after dealers selling patent medicines without such labels. The Food Department claim that "Winslow's Soothing Syrup" and "Ayer's Cherry Pectoral" contain morphine and they declare that "Birney's" and "Agnew's Catarrh Powder" have cocaine, and "Wheeler's Bromide" and "Wheeler's Nerve Vitalizer" have chloral.

Thiosinamin is a new drug derived from mustard oil which is being studied by a number of investigators. Hebra, Richter, Keitel, Van Horn, Tousey and others have tried it and made reports. It causes a rapid and intense lucocytosis and its beneficent effects are especially noted in cicatricial growths. It cures keloid and is in constant use in the Vienna Clinics for this affection. It has also given good results in the treatment of corneal opacities and it is hoped that it may be of use in cases of deafness due to thickening of the tympanic membrane. It is administered both by mouth and hypodermically but best results are claimed from latter method.

Dr. John B. Deaver, of Philadelphia, reports to the Annals of Surgery an interesting case where a child fourteen months of age, swallowed an open safety pin and a skiagraph showed the location of the pin in the child's stomach. A gastrotomy was performed, the pin removed and the little patient made a speedy recovery.

A large amount of space in the newspapers recently has been given to describing the removal of the stomach from a patient by Dr. Schlatter, of Zurich. At the present stage of gastro-intestinal surgery this can very readily be done and the patient can get along very well without a stomach.

We club the Recorder with most every periodical published. If you will send in a list of what you are taking, we shall be glad to make you prices and can often save you money.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

SURGICAL DIAGNOSIS AND TREATMENT. By J. W. MacDonald, M. D., Graduate of Medicine of the University of Edinburgh; licentiate of the Royal College of Surgeons, Edinburgh; Professor of the Practice of Surgery and of Clinical Surgery, Minneapolis College of Physicians and Surgeons. W. B. Saunders, Philadelphia, 1898. Cloth, $5.00.

This is a comprehensive work of 800 pages just issued from the press of W. B. Saunders. While there are many extensive works on surgery, there is no modern work which gives the attention to surgical diagnosis that this book does. An accurate diagnosis often means success and we know of no other work which will assist the surgeon, either old or young, to so quickly and correctly make a diagnosis. As Dr. MacDonald says, the practical part of a surgeon's work is almost limited to two questions when his professional services are demanded. The first question is, "What is the disease or injury?" The second question is, "What is the proper treatment?" The aim of the author is to enable the surgeon to answer these questions so as to make his work a success and the book certainly fulfills this purpose.

The first chapter is devoted to the general examination of the patient. Then a section of the book is devoted to each one of the following subjects: The Vascular System, The Osseous System, The Genito-Urinary System, The Nervous System, The Respiratory System, Morbid Growths, The Female Generative Organs. Diagnosis and treatment are treated thoroughly in all these branches. The work is thoroughly up-to-date and has the latest on appendicitis and X-ray surgery, both of which subjects are illustrated with plates. The book contains 328 illustrations, well executed, and several colored plates. The printing, binding and presswork are excellent as is characteristic of this house. The work is a credit to the author and to the publisher.

ANNALS OF OPHTHALMOLOGY, a journal of practical ophthalmology. Published quarterly. Annals of Otology, Rhinology and Laryngology. Published quarterly.

The Annals are published by Jones H. Parker, St. Louis, Mo., and are unexcelled journals on the above specialties. They are not only valuable but a necessity to the specialist. Any general practitioner will find a year's numbers a good investment and the bound volumes a valuable addition to the library. Every number contains original articles, illustrations, society reports and abstracts of the specialty literature of the world. In the course of the year everything new relative to eye, ear, nose and throat is touched upon, and the volumes of a year make valuable reference treatises on the subjects. The numbers for a year make two volumes of over 1,400 pages. The publisher supplies the two annals for $5.00 per year. For the benefit of our readers we make a special club rate and supply both the annals and the Recorder one year for $5.00, thus giving three first class journals for the price of two.

INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONER'S INDEX. E. B. Treat, New York. 1897. $2.75.

A good year-book has become a necessity to every practitioner and Treat's International Annual is a good one. Besides giving abstracts of the year's literature, it contains many original contributions by physicians of eminence in the United States and Europe. The first section of the book is devoted to

new remedies alphabetically arranged. The greater part is devoted to new treatment, the diseases being considered in alphabetical order. At the present time considerable interest is manifested in leprosy and the article by Dr. Hanson, the great expert on leprosy, is of special interest. This article is illustrated with three plates. The book is a good summary of the work of a year and represents a vast amount of research and labor. It is well illustrated with 27 plates and about 100 other illustrations, and makes a fine volume of 725 pages. This is the fifteenth annual issue and every volume is a mine of valuable information.

BOOK NEWS.

Macmillans have just issued the first American translation of Klemperer's Clinical Diagnosis.

E. B. Treat issues a large number of medical works of value and at the low price of $2.75 per volume.

The Laryngoscope now issues an edition in London. This is something new for American journals and shows the progress American physicians are making.

Treat's International Annual for 1898 promises to surpass previous issues in interest and value. When it is published notice will be given in these columns.

The Medical Fortnightly is one of our brightest journals. Dr. Norbury, the editor, is engaged in a vigorous crusade against osteopathy.

We expect to make our book department of value to our readers by giving complete information regarding new and forthcoming publications.

Philadelphia now has a large medical weekly, which will compare favorably with those of other cities. It is known as the Philadelphia Medical Journal and is edited by Dr. Geo. M. Gould.

The physician of today is not in it, who does not take a good supply of medical journals and from time to time buy the latest books. They cost money, but are a necessity and well repay the outlay in the end.

An American Text-Book of Nursing will soon be issued by W. B. Saunders. This is a book that will fill a want. It is edited by Roberta M. West, late superintendent of nurses in the Hospital of the University of Pennsylvania.

The Alkaloidal Clinic continues to grow in size and worth. We remember receiving the first number four years ago, when it was a little journal of 16 pages including the cover. Now it averages 100 pages per month and the circulation is 20,000 per issue.

W. B. Saunders has in preparation a number of valuable works. Among others may be mentioned a new treatise on Nose and Throat Diseases, by Dr. D. B. Kyle of Philadelphia. Another work to be issued soon is a work on Nervous and Mental Diseases, by Dr. Archibald Church of Chicago, and Dr. Frederick Peterson of New York.

The yellow fever epidemic has called the attention of the southern cities to the need of more cleanliness and better sanitary measures. There would be little yellow fever if there were better sanitary regulations in all the cities in the yellow fever zone. Havana is one of the great breeding places for yellow fever and the port is the source of much pestilence. If Havana could be put in better condition the United States would be saved millions of dollars and many valuable lives.

THE MEDICAL SOCIETIES.

CENTRAL WISCONSIN MEDICAL SOCIETY.

The quarterly meeting of the Central Wisconsin Medical Society was held at Beloit, Tuesday, Dec. 28, 1897. As usual, there was a good attendance of Wisconsin physicians and also quite a number from northern Illinois. The morning session opened with President James Mills in the chair and Secretary C. S. Sheldon at his desk. During this session the following papers were read: "Disorders of Sleep in Children," Dr. J. F. Pember, Janesville. "A Few Questions of Law," Dr. E. C. Helm, Beloit. "Cardiac Murmurs," Dr. W. H. Washburn, Milwaukee. "Appendicitis," Dr. A. H. Levings, Milwaukee. "A New Surgical Dressing," Dr. Sam'l H. Friend, Milwaukee. "Surgery of the Gall Bladder and Its Ducts," Dr. W. H. Earles, Milwaukee. These papers were all intently listened to and were thoroughly discussed, the discussion on appendicitis being especially lively and extended.

At 1:30 P. M. the society repaired to the Goodwin House where an elaborate banquet was served. During the meal a Beloit orchestra furnished delightful music and Dr. Sheldon's celebrated "Saw Bones Choir" sang several appropriate selections. Dr. L. F. Bennett of Beloit presided at the banquet and the following toasts were responded to:—

Professional Honesty—Dr. A. H. Levings, Milwaukee
"Every one is as God made him, and oftentimes a great deal worse."—*Don Quixote.*

The Youngest Member—Dr. W. H. Washburn, Milwaukee.
"Then to think how you're neglected.
And how hu'ft and cuff't and disrespected."

The Oldest Member—Dr. J. B. Whiting, Janesville
"At the root of every gray hair there is a well of wisdom."

The Doctor's Wife—Dr. J. Allaben, Rockford
"Ah, gentle duties. Can he that has a wife e'er feel adversity?
If men would follow what the sex advise,
All things would prosper, all the world grow wise."

The toasts were not alone pleasing after dinner speeches but contained many practical and valuable thoughts.

After the banquet the members returned to the meeting place, the Knights of Pythias Hall, where the greater part of the afternoon session was occupied with the ever important subject of Pneumonia. The following interesting papers were read and discussed:—"Pneumonia," Dr. F. M. Confer, Monroe. "Pneumonia, with special reference to Treatment," Dr. T. N. Miller, Rockford, Ill. "Formula Prescribing," Dr. L. F. Bennett, Beloit. Our readers will have the pleasure of reading some of these papers in the Recorder and we only wish we had space enough to publish all the papers as they would all be worthy of careful consideration.

The society was well entertained by the Beloit brethren, as a result of the preparatory work of the committee of arrangements and the local profession. One evidence of the success of the society is the attendance of physicians from some distance, quite a number of northern Illinois physicians now belong to the society; several from Rockford were present and also from Milwaukee. In addition to the Milwaukee doctors reading papers, Dr. U. O. B. Wingate, of the State Board of Health, was present and took an active part in the discussion. Several new members were added to the society at this meeting. After profitable and successful sessions the society adjourned to meet in Madison, Wis., March 29.

The meetings of the Central Wisconsin Medical Society are always of the best order. The membership comprises many of the best physicians of

Wisconsin and northern Illinois and the papers are always of practical value. The discussions at this society are spirited, pointed and bring out the experiences of many practitioners. Every physician within the district of this society should attend these meetings, as they can be considered a continuous post graduate course.

Intestinal antisepsis marks a new era in the treatment of typhoid fever. Treatment today consists in antisepsis and elimination. There are several methods of treatment based upon these principles. The treatment of Dr. Chas. H. Rice is taking a leading position and is being successfully used by a large number of physicians. Dr. Rice read a paper on his method of treatment at the last meeting of the Illinois State Medical Society. The following is one of the cases he reported at that meeting: "Was called to a case of typhoid fever, Nellie H., aged 6 years, had been sick for several days before I was called. I found her at 2 p. m. with a temperature of 102° F.; pulse 130, hot, dry skin; tongue dry, parched, fissured, and with a brownish fur. As she was restless, I ordered a sponge bath, gave one teaspoonful of Phosoda every 4 hours, also Viskolin, 5 minims of the liquid added to 5 minims of boiled water, used hypodermically, and gave 5 grains of the powder every 4 hours. Next morning at nine o'clock I found that she had had a splendid night's rest; the temperature 99° F.; pulse 100, with a feeling of great comfort and all symptoms decidedly better. I ordered the tongue to be painted with carbolized glycerine every hour or two, and had the 5 grain powders continued. I was called at 6 p. m. same day, found her with pulse of 100; temperature of 100° F., tongue looking moist, and a decided improvement, bowels moving nicely twice a day. I gave her another hypodermic injection of the liquid, 10 minims added to 10 minims of boiled water, and increased my powders to 10 grains every four hours. I saw the case no more after that. The next morning I was told Nellie had a good night's sleep and was all right. I had the powders continued for 24 hours longer, however, after which I prescribed a tonic of hypophosphites and strychnine."

The great electrician, Thos. A. Edison, proposes to remove uric acid from the human system by electricity and thus cure diseases caused by uric acid. His plan is to place one hand of the patient in a solution of lithium chloride and the other hand in a sodium chloride solution and then turn on a current of about four milliamperes, thus sending the lithium through the patient. He claims good results so far, and further developments are awaited with interest by the medical profession.

A new surgical dressing was described by Dr. S. H. Friend, of Milwaukee, at the meeting of the Central Wisconsin Medical Society. The doctor gave a practical demonstration of the method of preparing and applying it. The dressing is made by boiling equal parts of paraffine and bees' wax for one hour. When wanted for use the preparation can be melted in a few minutes and applied. It makes an impervious, protective dressing, and excludes air, dirt and germs.

The Maltbie Chemical Co. make a large line of valuable specialties and a complete line of standard preparations. It will pay you to write for their catalogue and for the interesting reprints they issue.

A vial of diphtheria antitoxin and a tube of spores of the bacillus arrogenes capsulatus were placed in the cornerstone of the new building of Bellevue Hospital Medical College.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. I. JANESVILLE, WISCONSIN, FEBRUARY, 1898. NO. 2.

ORIGINAL ARTICLES.

ALKALOIDAL MEDICATION.

(Second Paper.)

By A. L. BLESH, M. D., Guthrie, O. T.

ACONITINE.

Aconitine[1] is manufactured from the well known Aconitum Napellus. It occurs in two forms, the amorphous and crystalline. The former consists of all the alkaloidal constituents of the drug, the latter of a single crystalizable principle. The crystalized aconitine is about four times stronger than the amorphous and is harsher and less pleasant in its action. On this account and also because the amorphous more nearly represents the entire drug which is familiar to all, it is generally preferred.

The standard granule of aconitine cryst. contains gr. $\frac{1}{500}$. Of the amorphous there are two standard granules, the first contains gr. $\frac{1}{134}$ and is the one usually selected, the second contains gr. $\frac{1}{500}$. The small size of this granule makes it convenient for the treatment of children. However, since aconitine is usually given in solution, at least to children, its manufacture seems unnecessary.

In this paper when the word granule is mentioned we wish to be understood as referring to the standard granule containing gr. $\frac{1}{134}$ of the amorphous aconitine.

It is really astonishing to one familiar with the safe-guards thrown about the administration of drugs by the dosimetric method, to see with what fear and distrust many of the alkaloids are regarded by so many physicians. One who would not hesitate to give strychnine or morphine in massive doses per orem or hypodermically, even, when indicated will tremble with apprehension of evil at the mere suggestion of using aconitine in the same way. An unreasoning fear of this particular alkaloid seems to obtain in the medical mind despite the fact that it is being used effectively and safely and with far greater satisfaction than the tincture or fluid extract ever gave them, by thousands of competent physicians.

Even the last edition of the U. S. Dispensatory, which, by the way, ought to know better, warns against its internal administration as being unsafe and uncertain—a statement made by the chemical and experimental experience of those who have used it. But the Dispensatory confesses that it refers to the "commercial" product.

No physician would prescribe the "commercial" preparation of any drug. It does not mention the fact that the ordinary article of commerce is not the one in use by alkaloidists. Absolute purity is the first great demand of the alkaloidist and there are many firms who stand ready to guarantee the products of their laboratories in this respect.

It is the common experience of every one who has used aconitine in granule form that it is always uniform in strength and therefore always reliable in results and perfectly safe.

Nothing will do more to dispel this ungrounded fear than a painstaking trial. Get acquainted with this drug and you will soon be fast friends.

One standard granule of aconitine may be given every fifteen minutes to one, two or three hours in accordance with the severity of the symptoms until it manifests its peculiar physiological effect or there is amelioration in its symptoms.

For children dissolve one granule for each year of the child's age and one additional in twenty-four teaspoonfuls of water and give one teaspoonful as above[2]. For a child six months old give one-half teaspoonful, under six months give fifteen drops.

Aconitine is the most effective drug the writer knows of for the febrile disturbances of childhood. In children the circulatory equilibrium is very easily disturbed—they are especially prone to various reflexes—which if not corrected frequently lead to organic disease. Aconitine is the remedy in this class of troubles and is frequently all that is required to effect a prompt cure. But with these little patients we will find that minute doses (gr. $\frac{1}{10}$ to $\frac{1}{20}$ or even $\frac{1}{67}$) of calomel will materially augment the effect of any remedy we may be giving.

Aconitine is primarily a sensory motor nerve depressant and if administered in large dose or frequently repeated small ones a showing of the respiratory cycle and of the circulation is observed. Now if the drug be still further pushed a tingling sensation, appearing first in the more sensitive parts, as the fingers, toes, lips and tongue, gradually involving the whole cutaneous surface. This sedative action first manifests itself in the sensory nerves and begins in the nerve terminals.

This peculiar physiological effect is taken advantage of in the treatment of obstinate neuralgias. Aconitine is the only remedy known that will give this peculiar action upon the nerves of sensation without at the same time involving the motor nerves.

It is peculiar again in that this action begins in the end organs rather than centrally. Hence the value of the drug in the many reflexes from peripheral irritation.

Through its action upon the vasomotor nerves the arterioles and capillary vessels are dilated and flushed with blood and in consequence thereof and also because of the slowed heart action, blood pressure is lowered as is evidenced by the softening pulse.

All the secretions and excretions of the glandular system including the cutaneous and mucous surfaces are increased. Diarrhœa of a mucoid character may be induced by large doses of the drug; also mucus vomiting.

The action of aconitine in this direction may be augmented by giving at the same time minute doses ol calomel, gr. $\frac{1}{10}$ every one-half hour until free action from the bowels is secured.

Its action in slowing circulation and respiration is secondary to and because of its primary action upon the nervous mechanism. It is a vaso-motor dilator and therefore a dissipator of localized congestions and inflammations. In inflammations and congestions of the respiratory tract it is an ideal remedy because: 1. It relieves congestion and inflammation through its

action upon the circulatory system and: 2. It slows and sooths the respirations, thus putting the excited lungs in as near a state of physiological rest as possible.

In all localized congestions and inflammations, there exists a hyperæmia at the point of attack and a proportionate anæmia in all other parts. This is primarily due to a disturbance of the equilibrium of the nervous mechanism supplying the part and may be produced artificially by irritating certain nerves or their centers.

Aconitine administered to its physiologic effect will flush the anæmic area and thus divert the blood from the point of attack.

Because of its sedative action upon the nervous system and the various circulatory and glandular phenomena dependent thereon the range of usefulness of aconitine is wide. All febrile actions and re-actions are marked by nerve and circulatory excitability, at least, in the beginning. Here aconitine will work wonders in the hands of him who has learned how to use it. No matter what name you may please to call the fever, aconitine is indicated —if sthenic assist with others of the arterial sedative group as veratrine, if asthenic guard with heart and nerve tonics as digitalin and strychnine.[3]

By pushing the drug to the extent required this nervous hyperæsthesia and circulatory dis-equilibrium is soothed and at the same time the strength is conserved. Not infrequently you will be astonished to see symptoms which experience has taught you to dread as ominous of impending danger, dispelled so quickly that you are lead to doubt your own diagnostic acumen.

The drug may be pushed to the point of causing its characteristic effect upon the skin with absolute safety, provided it is given dosimetrically, that is to say, in small doses frequently repeated to effect.

With the galenics we never feel safe in endeavoring to get this full action for fear of an over-action because of the uncertain strength of the preparation Thus the true value of many valuable drugs was lost and therapeutic nihilism enwrapt the medical mind in a night-gloom of doubt. Practitioners in an ever anxious endeavor to keep on the safe side seldom gave enough to secure a salutary and curative drug action—either that or an over-action seemed inevitable. As pointed out before, this uncertainty is entirely eliminated in the alkaloids given dosimetrically. Aconitine is the great antipyretic and antiphlogistic drug of the alkaloidal therapist. Its action in all inflammatory ailments is curative as well as calmative. The older generation of physicians were well acquainted with its defervescent and anti-phlogistic powers and now in these later days, in the light of experimental knowledge, with clinical thermometer in hand we can verify their intuitions.

In my opinion the substitution of the coal-tars by our generation has not been an unmixed good. The *immediate* results are indeed flattering but the *ultimate* consequence so far as a curative action is concerned, has been disappointing. The proper place for the coal-tar derivatives is with the analgesics. There they are bound to maintain a leading place.

The apparent action of aconitine and these derivatives seems at first thought to be identical but upon closer analysis it is found to be entirely dissimilar.

Aconitine reduces temperature slowly, surely, permanently, while the coal-tars do so suddenly and their action is transitory and accompanied by great depression as a rule.

The coal-tars, like all the analgesics retard elimination, aconitine stimulates all the emunctories. Aconitine begins its work through the peripheral

nervous system, the coal-tars in the very heart centers. Aconitine reduces temperature through and by its secondary action upon the circulation, slowing and soothing it, first relieving high arterial tension and thus the too rapid tissue metamorphosis incident to high fever and the resulting arterial and nervous excitation, and second, by stimulating elimination thus relieving the system of the toxic products of imperfect or incomplete cell-action. The coal-tars lower temperature by a direct assault upon the very citadel of life. Aconitine relieves hyperæsthesia of the skin and other excretory glands thus placing them in a favorable attitude to do work. Aconitine is a drug which can be used in such a manner as to be curative while the coal-tars can in no wise be so used—belong in fact to quite another group of remedies. Each has a remedial application peculiar to itself. And so it comes to be that in this day the first lesson to be learned in using aconitine is that it and the coal-tars cannot be substituted each for the other.

It was mentioned above that aconitine is of value in neuralgias. It is so: 1. Because it diminishes reflex activity by virtue of its effect on the sensory nerve terminals, and it is safe to elicit this action, and: 2. Because of its power to dissipate congestion to which many neuralgias are due.

One granule may be repeated, in solution, every fifteen minutes until its effect is obtained.

It will be found to require much more of the drug to induce its characteristic tingling in the presence of fever, and the higher the fever the more it requires. However this action is seldom necessary in the treatment of fevers, the pulse, temperature respiration, skin and tongue being the guides. The pulse and respiration slow, temperature begins to decline, the dry hot skin and parched tongue to moisten and thirst to lessen as its effects become manifest. Often in the treatment of fevers the moistening of the tongue will be the first indication of amelioration. Frequently also the pulse will drop to quite near or to normal before the fever declines.

Aconitine does good in active hæmorrhages by imitating nature's method of control which we see illustrated in the lowering of blood pressure from syncope supervening upon severe hæmorrhages. Not that we will ever find it necessary to push the drug to the verge of syncope to elicit its favorable influence. The slowing of the blood current and the falling blood pressure under its influence gives the natural powers an opportunity to close the bleeding orifice.

In that form of cardiac debility marked by a predominance of the sensory influence, as in the various reflexes, it will be found to act well if carried to just short of the point of causing tingling. Also in excessive cardiac action due to over-hypertrophy of the heart muscle it is the remedy.

The sin of giving digitalis as a routine practice in more or less cases of heart trouble applying for relief is only too common. Aconite is just as much a heart remedy and nearly as often indicated as digitalis.

In the rapidly fatal form of summer diarrhœas of infants and children, characterized by excessive excretion from the bowel, intense thirst with or without febrile re-action and dry hot skin, in which class of cases there is usually stagnation of the blood current it is of great value. It equalizes the circulation, soothes irritability, stimulates the skin and glandular system to a renewed activity.

Aconitine, atropine, codeine, calomel and the intestinal antiseptics well learned and applied have become the sheet anchor in the treatment of these disorders.

Aconitine is usually best given in solution in water, well diluted when

taken to avoid its local irritant action. Or in the case of adults the granule may be swallowed quickly followed by a drink of water.

Applied locally to a mucous membrane it occasions the same sense of tingling and numbness spoken of above.

Advantage may be taken of this local action by using it topically as a liniment, ointment or gargle. The ointment should not exceed the strength of three grains to the ounce of vaseline or lanolin. Even then its constitutional effect should be watched for and it should not be applied over an abraded surface. It may be applied over the course of a neuralgic nerve. The gargle may be made of the strength of one granule to a teaspoonful of water. Aconitine may be administered for weeks and even months without harm when indicated.

NOTES—[1]During 1897 a series of papers was begun for the Oklahoma Medical Journal, by the writer, but was never completed. The limitations and exactness of the subject make it necessary to utilize the matter there gathered, revising and adding to as warranted by more recently acquired experience, so far as those articles extended. Colchicine was the last alkaloid considered in that series.

[2]This rule is known as Shaller's rule and will apply to nearly all of the more active alkaloids, the exceptions being mydriatic group. This will be noticed more in detail when we take these up in turn.

[3]As combined in what is known as the Defervescent Co. No. 1, and the Dosimetric Trinity No. 1, about which two compound granules we will have more to say later.

(To be continued.)

PURULENT PLEURISY.

By T. W. NUZUM, M. D., Brodhead, Wis.

I wish to discuss empyema for a few moments as arising, as it so frequently does, from pleuro-pneumonia, and I have come to believe, after some experience with these cases, that many patients that are supposed to die from an "unresolved pneumonia" and some that are called relapses, are cases of purulent pleurisy improperly diagnosed. So I class this along with appendicitis and pelvic abscess as three diseases which are very badly managed by many practitioners even of the present day, and many valuable lives are lost and many an opportunity for doing great service to our patrons and gaining reputations for ourselves, is let pass rather than to urge a proceedure which is always more or less objected to by the patient and friends.

I think it our duty to ourselves as well as to our patients to push our investigations until we are fully satisfied as to the local conditions; and if we are not able to accomplish this ourselves, to call in competent aid to assist us. For all must admit that in this class of diseases, where pus is present, the expectant plan of treatment has no place.

Purulent pleurisy occurs most often in children, and in those debilitated from recent disease, overwork, etc., and the attacks are generally very severe in the beginning, especially the pain in the side.

The causes are the same as those in pneumonia: viz., cold and dampness or exposure and fatigue as predisposing and the intervention of the specific bacteria, diplococcus pneumoniæ and streptococcus.

The fluid effused may, at first, be serious and become impregnated with the above mentioned bacteria also with the staphylococcus and thus be transformed into a purulent fluid.

Frankel and Weiselbaum have demonstrated that there is a constant interchange of fluids and leucocytes in pleural effusions, and they found iodine and salicylic acid present in

pleural effusions where these drugs were administered; so it takes no stretch of the imagination to believe that this change does occur from natural causes and not from introducing an exploring needle as was formerly supposed.

Symptoms.—The symptoms are those of a severe attack of pleural pneumonia; the case runs its usual course, only one will notice, as a rule, marked depression, perhaps a dicrotic pulse, sputa more or less brown, and skin covered with very minute pin point vesicles and in every way the patient shows that the disease has made a very profound impression upon his vital forces.

The time for crisis comes and the patient improves and you are led to believe that the danger is over—or nearly so—when he ceases to improve, begins to have an irregular rise of temperature, no appetite, tongue furred may or may not have chilly sensations; but sweats profusely when asleep. The expectoration almost or entirely ceases and the lung ceases to "clear up." In fact, the patient begins to take on a general septic condition and rapidly emaciates. As yet there will be little, if any, bulging of the side, and you may not be able to make out any bulging of the intercostal spaces; but you will find flatness over the seat of effusion, with loss of motion on the affected side, bronchial breathing and bronchial voice, also a sense of resistance to the percussing finger. With these symptoms, we should proceed to make an exploratory puncture and aspirate a small quantity of the fluid which will clear up all doubt that may still exist.

In making the exploratory puncture for diagnostic purposes, we should not be satisfied with one puncture, should the result be negative for adhesions may localize the effusion and as yet, the amount is likely to be small, so that many times a second or third location must be selected and this can be done with very little suffering to the patient by using infiltration fluid as the needle is introduced.

At this early stage the viscera are not likely to be very much displaced. If on the left side, the heart will be noticeably crowded to the right; and if on the right side, the liver will be crowded down to some extent.

Oedema of the affected side, I have never seen, though it is said to occur in many cases.

The patient lies on the affected side or on the back, and I would close my remarks on diagnosis by impressing upon your minds what Prof. Ingalls has aptly said that "the diagnosis can only be made positive by exploratory puncture."

Prognosis—The prognosis is always grave and if left to nature, almost invariably fatal sooner or later. If small in amount it may be absorbed or it may find a way of escape through a bronchus through the diaphragm, causing peritonitis and death as in one case which I saw, or through the intercostal spaces; but almost never in a way to give free drainage and a good and speedy recovery, if recovery at all. It occurs at all ages, but most frequent in children, and is probably more frequent in males as they undergo more exposures. When caused by the pneumococcus it is generally considered unfavorable. The patient may die in one or two weeks, or may linger for three or four years.

Ingalls says children recover more satisfactorily than adults, after operation, and succumb more quickly without it.

Treatment—The medical treatment is not curative except as you can support the vital forces by relieving pain which is best accomplished by some form of opiate, my preference being morphia and atropine, and combating sepsis with strychnia and brandy or some other form of alcoholic, with

stimulating and nutritious diet; but these should in no wise be relied upon, as surgical treatment offers the only rational hope of success and should be resorted to at the earliest possible time.

Several operations have been advocated and practiced with more or less success by different operators. Some have reported cures by merely aspirating.

S. G. Futterer, of Chicago, reported six cases cured by aspirating the chest and washing out the cavity with three-fourths of one per cent. solution of clove oil in water that had been filtered and thoroughly boiled. This was injected and drawn off and another quantity of solution about equal in amount to the pus drawn off, injected and left.

I have tried aspirating and washing out a few times and with no appreciable benefit to the patient except to postpone the operation. I therefore look upon it as a waste of time and energy and have abandoned it.

Ingalls favors the use of a flat trocar and canula which he has devised. Selects a point not higher than the sixth intercostal space nor lower than the eighth, and after anæsthetizing the skin with a four per cent. solution of cocaine, makes a small incision with a bistoury and plunges in the trocar, then withdraws the trocar, passes in two drainage tubes and withdraws the canula. Passes the tubes through gutta-percha tissue and secures them with strips of adhesive plaster. He can now wash out the cavity at will and prevent air from passing in by kinking the tubes or passing them into a bottle of water.

The plan which I have used, and always found satisfactory, is to introduce an exploring needle as a guide to the seat or the pus. Raise the skin and make an incision two or three inches long over the intercostal space and about one inch long where it passes through the pleura, pass in the finger and turn out any clots of fibrin that may be in reach, and break down any bands of adhesions that might interfere with free drainage. Let the pus drain away slowly and make no effort to prevent air from passing in. Dress heavily with antiseptic gauze and absorbent cotton and not wash out till the next day.

Introduce a large and very firm rubber drainage tube and secure in place by adhesive strips passed through silk loops which are passed through the edge of the rubber tube. This I remove every two or three days and sometimes at every dressing to allow any fibrinous clots to be removed readily.

I now irrigate daily with a 1 to 5000 solution of bichloride of mercury at little more than blood heat and dress as before.

A. B. Strong, of Chicago, in whose ability I have the utmost confidence, advises the resection of about two inches of a rib and should there not be sufficient room without, I should not hesitate to do so.

Case No. 1.—F. W., age, 21, male, had suffered three months previous from typhoid fever although he now looked very robust, was taken with a very severe attack of pleuro-pneumonia which came to its crisis about the fifth day, after which he gained a little and then began to lose strength and flesh, had irregular rises of temperature and the lung failed to clear up. I aspirated and drew off about a pint of milky fluid and washed out with a 1 to 3000 bichloride solution; this I repeated several times with only temporary improvement of the patient and finally made the operation that I have just mentioned and carried out the after treatment as there indicated. In thirty days the patient was well.

Case No. 2.—R. S., aged 17, male, was taken with a chill while working in the field and rapidly developed a

severe case of pleuro-pneumonia on the right side. His pulse was dicrotic, temperature 104° to 105° and respirations rapid and "jerky," sputa at first bloody soon became brown, minute vesicles covered his skin and symptoms of great exhaustion rapidly supervened. Crisis came on the seventh day and for about three days all seemed to be going well when his temperature began to fluctuate irregularly from normal to 102°, pulse became more feeble, tongue thickly furred and could not take much nourishment, showed very rapid loss of strength and flesh, sweat profusely when asleep.

Examination showed no bulging of the side nor intercostal spaces nor was the liver appreciably pressed downward. There was absence of repiratory murmur, and bronchial breathing and bronchial voice over the greater part of the right lung. With an exploring needle I soon confirmed my diagnosis of purulent pleurisy and advised an early operation. Dr. Nye and myself made the operation fourteen days after the onset of the disease, in the manner before described and in twenty-three days our patient was discharged well.

Case No. 3.—R. S., age 18, male, suffered a severe attack of pleuro-pneumonia on left side. Run the usual course for such cases and was not operated for more than five weeks when the great amount of accumulation caused such marked disturbance that an operation became imperative and a large amount of fetid pus poured out. This case, although attended by a very efficient surgeon, was about four months in closing the cavity.

I would impress upon practitioners the necessity of an early diagnosis and the danger of any expectant plan of treatment; also the great advantage to the patient of an early operation before the lung has become so bound down and crippled by strong adhesions that it is very slow to expand and obliterate the cavity. In fact, we are all aware that many of these neglected cases never reach such a happy result and require resection of a portion of several ribs to let the chest wall fall in to the crippled lung.

GONORRHOEAL OPHTHALMIA.

By J. A. Pratt, M. D., Aurora, Ill.

In writing on a subject of so much importance, both to the specialist and the general practitioner, it is hardly policy to continue in the stereotype form of etiology, pathology, etc., for one is apt to lose interest in so long and tedious an article. The general run of writers give too much time and space in copying and rehashing old matter that every graduate physician should have built in the beginning of his foundation of medical knowledge.

First and foremost I wish to impress upon the reader, that in every case of gonorrhoea in male or female, without considering the feelings or home relations of the patient, to tell them their existing condition, and the danger, the extreme danger, to the sight of ophthalmic infection. Unless this is done a physician is guilty of gross negligence, and should be liable to prosecution. Twenty-four to thirty-six hours after inoculation of the gonococcus, the first symptoms, of slight reddening of the conjunctiva, and lachrymation, are present. When these cases are first seen we are apt to diagnose catarrhal conjunctivitis, prescribe a collyrium, and tell the patient he will be well in a few days. The precaution is well taken, to instruct the patient that if the eye continues to grow worse to return immediately. That word immediately may save an eye. Another day finds a great difference in the appearance of the case. There is extreme inflammation, chemosis, with the secretion abundant

and becoming purulent. The eye is very painful to the touch, and the patient complains of pain in the adjacent parts. With prompt measures at this stage, 50 per cent. of the eyes are saved, while on the third or fourth day the hope of saving the eye is very doubtful, unless we have a very mild attack. On the third and fourth days of the disease, the eye is entirely closed. It is with the utmost difficulty and with the greatest patience, that one is able to obtain a glimpse of the conjunctiva or of the cornea. Special care should be used in examining at this stage lest the pent-up pus should spurt into the eyes. If this accident occurs the utmost precaution should be employed to prevent infection.

The extreme swelling and chemosis, together with the rapid strides of the disease, and previous history of the patient render the diagnosis easy. It is here that the knowledge and skill of the general practitioner is called into play, and means so much to the patient. These cases, in the beginning, are generally seen by the family physician, and certainly in medicine it is better to believe a patient guilty until proven innocent, as we have so many ways to find out the prevailing condition. In this, as well as other diseases of the eyes, so much depends on an early diagnosis, that every physician should be particularly on the alert.

The prognosis should be guarded. In fifty per cent. of all cases sight is destroyed, while in seventy-five per cent. the cornea is involved leaving poor sight. The cornea as a rule clears up better than is expected. It is always well to explain, to some responsible member of the family, the great danger to the sight.

When we are called, if the eye is swollen so it is impossible to see the cornea, canthotomy should be at once performed. Heavy blunt scissors curved on the flat will be found most desirable. The incision should be made to the bone, and repeated later if found necessary. Thorough cleansing, every five to fifteen minutes, night and day during the period of active secretion is necessary as more depends on this one point than any other part of the treatment. The best collyrium is a saturated solution of boric acid, and a glass dropper the most convenient method to administer it. The early application of a 2 per cent. silver nitrate solution to the lids and posterior folds of the conjunctiva during purulent suppuration is desirable. Small pledgets of cotton wound on toothpicks are convenient for its application, as all soiled dressing should be burned at once. In making the application great care should be used to avoid the cornea, and its frequency depends upon the reaction of the tissues, and the diminution of the secretion, generally every twenty-four to thirty-six hours.

In reference to the application of heat or cold it depends greatly upon the conditions and the acceptability of the patient. I have had excellent results from the continuous application of heat, and find that it reduces the swelling rapidly, being especially agreeable to the patient in winter. For the continuous application of heat or cold, take five yards of 1-4 inch rubber tubing (which will give sufficient length for the in and out flow), and make a flat, compact coil about three and one-half inches in diameter. With syphon action a continuous dry heat or cold can be obtained. A small square of cloth frequently changed should protect the coil from the secretions.

Three-fourths of all cases have corneal ulceration so we must give it special attention, and center all our work to avoid this complication. Fre-

quent cleansing and removal of pressure by canthotomy show their benefit here. It is quite desirable to instill a drop of 1 grain to the ounce of sulphate of atropia morning and evening to forestall iritis which is apt to be present in these cases. If ulceration occurs atropia or eserine should be used as indicated. When an ulcer threatens to perforate paracentesis is recommended, but in my opinion should never be performed as panophthalmitis would certainly be expected under such conditions. In case of a perforating ulcer even if paracentesis is performed the destructive ulceration will continue and perforation be the result. If however the chances are taken as to perforation the inflammatory deposit caused by the ulcer would tend to prohibit the ingress of the gonococcus and the chance of panophthalmitis would be less liable. In case of inflammation of the globe evisceration should be performed.

In nearly all cases where only one eye is affected, it is the right, which is accounted for undoubtedly by the right hand conveying the infection.

Dr. Buller's method of sealing the well eye has not always proven satisfactory. With intelligent nurses and a supply of small pieces of cloth to cover the well eye during cleansing, I have never had an autoinfection. Autoinfection should be guarded against until recovery. If suspected the eye should at once be treated to a 1 to 4000 bi-chloride solution, 2 per cent. silver nitrate solution and a thorough douching with a saturated solution of boric acid.

During the active secretion it is best to have the patient in bed. Special attention should be given to the diet and general health of the patient, and anodynes administered at the discretion of the physician.

ACUTE CROUPOUS, OR LOBAR PNEUMONIA.

By F. M. Confer, M. D., Monroe, Wis.

In this latitude, and at this season of the year, the practitioner of medicine often finds the subject of pneumonia one of absorbing interest; for while he may have been very successful in handling a long series of cases, and has flattered himself that he has found, at last, almost, if not quite, a specific in some drug, or particular line of treatment; yet he suddenly finds himself called upon to treat one or more cases in persons previously enjoying robust health which go on to a fatal termination despite his best efforts, and he discovers that his supposed specific is only a delusion.

Medical men are not yet in accord as to the etiology of Lobar Pneumonia, although those believing it to be a specific infection by the diplococcus pneumoniae if not yet in a majority, seem to be rapidly increasing in numbers. Netter, as a representative of this class, says that: "The relation of lobar pneumonia and the pneumococcus is today no longer questionable." Again he says that: "There is no lobar pneumonia without the pneumococcus. Wherever other micro-organisms than the pneumococcus are present in lobar pneumonia they are there because of a secondary, or mixed infection." However, Weichselbaum, Jürgensen and Finkler do not believe that this proposition is yet clearly proven. This is a question of vital importance to the general practitioner and his patients; for if pneumonia be due to the local action of a specific germ with secondary toxaemia, as in diphtheria, then the questions of contagion and prophylaxis demand most careful attention. Many physicians have long contended that pneumonia is contagious. Bacter-

iologists tell us that the pneumococcus retains its virulence in dried sputa for a long period of time. Schroeder believes the disease may be communicated by this microbe and reports thirty-two cases coming to his clinic in Kiel, from the same house, in a period of fifteen years, it thus appearing that the house was infected. If these things be true, then it becomes our duty to exercise the same care in the disposal of the sputa, which contains the contagious principle as in a case of tuberculosis.

Having a case of pneumonia, how shall we handle it to secure the best result. Of course that depends, as "Uncle" Allen, of Rush, used to tell us on "what's the matter;" for we have all learned that no amount of nosology can relieve us of the responsibility of treating each one of our patients according to "what's the matter." But in any case of pneumonia, all recognize the necessity of a large, well ventilated room. The patient should have the best room in the house, instead of some little corner bedroom, as is too often the case. All persons, except those having immediate charge of the patient should be kept out of the room. Many physicians are too much afraid of offending some one to do their whole duty in this particular. But, other considerations aside, the offended parties are almost sure to send for the offender, if they are attacked with any serious illness.

If there be much pain, we should relieve that as promptly as possible. Tully's or Dover's powder, codeine, or morphine may be indicated according to the severity of the pain. High temperature, in the early stage, does not constitute a serious symptom, unless it causes restlessness, delirium, severe headache, etc. In such cases an attempt to reduce it may be in order, and I have generally found two or three grains of acetanilid repeated in two hours if necessary, to answer the purpose very well. After using some counter-irritant over the affected lung —I generally use mustard—the cotton jacket seems to me to be the best dressing for the chest. Poultices, as they are ordinarily used in country practice we believe are worse than useless.

The most important duty of the attending physician is to sustain the heart, and so far as possible to relieve it of its increased burden; for the strain thrown upon the right heart by the obstruction in the pulmonary circulation is one of the chief dangers in pneumonia. Depletion, by a calomel purge, followed by digitalis and strychnia will probably best meet this indication. Over feeding must be guarded against, the quantity, perhaps, being more important than the quality of the food. Equal parts of good coffee and milk, or Horlick's Malted Milk, I have found very useful. Water should be given freely, not only to relieve thirst, but also to keep the skin, bowels and kidneys active. The use of alcohol in some form must be determined by the case in hand. Most cases appear to do as well, or better, without it. Where indicated, as in alcoholics, it should be used freely. We have given as high as twelve to fifteen ounces of whiskey to an alcoholic patient in twenty-four hours, with evident benefit.

During the past year the writer has treated a few cases according to the plan proposed in the Medical Record of Sept. 19, '96, by Dr. McArtney of Fort Covington, New York. We believe the treatment is rational, and has much to commend it. It consists simply in securing profuse and prolonged diaphoresis. His plan is to heat four or five bricks, dip them into hot water, and then wrap them in dry flannel cloths and place about the patient, covering him up well with blankets. This

sweating should be kept up for from four to forty-eight hours, according to the effect upon the patient. The profuse sweating relieves the engorgement of internal organs, reduces blood pressure, secures elimination and reduces the temperature. It has apparently, in my experience, been the means of aborting several cases. The patient should be allowed to dry off in bed before any change of clothing is made. This plan accomplishes exactly the same objects as we seek to secure by some of our most valuable drugs, and without any of their possible dangers or annoyances. Either alone, or accompanied by other measures, in cases which do not yield readily, we believe it to be a valuable plan of treatment.

If this crude paper shall prove an etiological factor in provoking a lively discussion on this important subject, it will have accomplished its purpose.

The regular meeting of the Wisconsin State Board of Medical Examiners was held in Milwaukee January 11th and 12th. No candidates for registration were examined but all applicants will be examined at the April meeting. A committee was appointed to examine into the condition and standing of the medical colleges of the state and report to the Board. Several charges of violation of the practice law were ordered investigated. The good effect of the present law is seen in the fact that between seventy-five and eighty registration blanks failed to be returned to the secretary, the probability being that the applicants read the requirements of the board and concluded it would be useless to apply for registration. The greatest number of applicants for registration will be at the July meeting, which follows the commencements of the medical colleges. Future meetings of the board will be held as follows: Milwaukee, the second Tuesday in April; Madison, the second Tuesday in July; Milwaukee, the second Tuesday in October; Oshkosh, the second Tuesday in January, 1899.

Dr. G. C. Paoli, one of Chicago's prominent physicians, died Jan. 29, of heart failure resulting from rheumatism. He was born in Norway, June 13, 1815, and was the oldest practitioner in Chicago, with the exception of Dr. N. S. Davis. He came to America in 1846 and settled in Wisconsin, first practicing in Milwaukee, then a town of 3,000, and subsequently at Madison, a place of 200. He had been in constant practice in Chicago since 1855, and held many positions of honor in the medical profession. He discovered the method of removing fusel oil from whiskey.

Some of the prepared foods are advertised in newspapers and circulars on the cure all and "Save the doctor bill" plan. We have noticed some of their advertisements where-in the wonderful properties of the foods are extolled as cures for a long list of diseases. Imperial Granum is advertised only in the medical press and is sold through the recommendation of the profession. It deserves the support of physicians on this account as well as for its merits as an ideal prepared food.

Umbilical hemorrhage in infants, sometimes fatal, is more frequent than we are apt to think. Fatalities of that kind are disagreeable and often detrimental occurrences in any physician's practice. Such accidents can always be prevented by using Dr. Kellogg's funis ring, which is by far the best method of dressing the cord.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

SCIATICA.

Criticism of Dr. J. M. Evans' Paper.

The first number of the Wisconsin Medical Recorder is creditable in almost every respect. The writer having edited and published two medical journals, while engaged in the practice of his profession in St. Louis some four years ago, has still retained his interest in medical journalism and feels like extending a hearty welcome to the editor and publishers of the Wisconsin Medical Recorder.

Of the value of each paper published in the first number there can be no question. Dr. Blesh has done well, and I am anxious to see the continuation of his serial. Dr. Evans' paper, which I shall consider more fully, has many good points, the papers by Dr. T. N. Miller on Pneumonia, and Dr. F. T. Field on Impotence, are good and practical.

Before reviewing Dr. Evans' article, I want it distinctly understood that the discussion is to be friendly in character. Personalities have no place in my dictionary of journalism.

Several points the doctor has brought out are very good indeed. Physicians are too quickly ready to give the suffering patient a "hypodermic" of morphine. This may do in a case of an acute character like gastralgia, but not in a chronic case, like sciatica. The morphine habit is only too frequently traceable to the physician's hypodermic syringe. There is also no need for alcoholics. Alcohol, in the form of wine or good, fresh brandy, has a place only in grave toxic diseases like typhoid fever, or in emergency cases like syncope, unless there be a distinct contra-indication. Alcohol as a narcotic is most certainly to be deprecated.

There is one case I wish to ask the doctor whether he really meant what was printed, or whether it is a typographical error, viz.: The case of sciatica in his female patient. The author reports as a probable cause a prolapsed uterus with a relighted chronic endometritis and a commencing metritis. Now, if the patient had endometritis, how could she have a commencing metritis? Metritis means simply inflammation of the uterus, and is not very definite as to location; parts of the uterus attacked or character of inflammation,—endometritis on the other hand meaning an inflammation of the endometrium. I cannot quite agree with the doctor's treatment of this case. If he had used peroxide of hydrogen, which the doctor rightly reports as almost a specific for gonorrhoea, and had charged H_2O_2 with glycozone, applied on cotton every evening, within one week the inflammatory process would have been considerably improved; hot douches in the morning might have done their share. How, on the other hand, a real prolapsus could get well without an operation is something I fail to understand. Pessaries could not have been used in her case, as the local irritation they produce would almost to a certainty have aggravated the trouble in the uterus.

But this all aside, I beg to submit to the readers of the Wisconsin Medical Recorder my views and treatment of this troublesome malady. (I refer to sciatica.) Having been successful in relieving a good many cases, I consider it my duty not to withhold them

from publication, especially when an excellent writer has taken the initiative.

It is my firm belief that sciatica is not a rheumatoid affection but a neuritis, although mostly associated with rheumatism or gout. Frequently also it may be functional in character. It is either primary or secondary, then due to pressure from tumors, ovarian cysts or to hip-disease. Whether a prolapsed and inflamed uterus is apt to cause sciatica is very questionable. Be this as it may—in sciatica the great sciatic nerve undergoes a definite pathological change, particularly one of hyperemia, inflammation and reddening—in other words an interstitial neuritis. Of what value therefore the salicylates can be is questionable, when it is not even an anti-rheumatic remedy. The pain-relieving properties are not half as pronounced as those of phenacetin, acetanilid, antikamnia, etc. Counter-irritation, electricity and massage may be quite rational, but I have seen these means of treatment aggravate the trouble, particularly in primary inflammatory sciatica.

Yet, sciatica can be positively cured in most instances. If an ovarian tumor, hip-joint lesion or pressure from a fetus in utero be the cause, it goes without saying that the cause must first be removed whenever this is admissible.

The specific in other forms is: intense heat. I began first to experiment with dry heat about a year ago, treating successfully rheumatism (muscular and articular). Later on I succeeded in curing a case of neuritis, by subjecting the affected nerve to 400° F. dry hot air for one hour. On the third day a cure was established. I had not so rapid but just as decided results with sciatica. If we remember that rheumatics and sciatica sufferers go to Indiana Mud Baths (hot) or Mt. Clemens, Hot Springs, and derive some benefit—and knowing that the main therapeutic principle in these baths is heat, why should not an inflammatory disease get well much quicker if subjected to a temperature three times as high as that at any hot springs? That such intense heat can be maintained and tolerated is an every-day fact. The apparatus I use for that purpose is made by Frank S. Betz, 80 State St., Chicago, and is the best in the U. S. By a special attachment the entire sciatic nerve can be subjected to the treatment. Moisture being removed by a special arrangement in the apparatus, patients stand 400° F. easily and feel comfortable. The intense heat not only removes all inflammatory products, but relieves pain as quickly as a hypodermic of morphine could do. General baths weaken the patients by too free diaphoresis, but the apparatus subjecting only the part wanted to heat, and having no constitutional effect to amount to, proves a topical remedy only, and stimulates instead of weakening.

Gustavus M. Blech, A. B., M. D.,
Chicago, Ill.

NOTES FROM PRACTICE.

A Case of Chronic Eczema.

Recently a case of eczema of 15 years' standing came to me for treatment. It was one of the worst cases that I had seen in six years' practice. He had spent a great deal of money in his efforts to obtain relief, but received no benefit and was skeptical as to believing if anything could help his case. I told him his case was a bad one, and it would take time to cure him, but I was confident he could be helped and he would enjoy life somewhat and not be annoyed by the terrible itching and torture in his old days. His legs were raw in places

from the scratching, and from the knees down were very bad. He had it on his arms and head also. Whenever he went to bed and got warm the itching would be almost unendurable, and he would have to scratch and scratch, only to be worse for it. I used resinol with zymotoid locally and pix-creosol tablets, one tablet four to six times a day.

The zymotoid acted well for a week or so; then seemed to burn and irritate the condition. Then I used a solution of about one ounce or two of acetanilid and pure boracic acid each in pure glycerine two ounces. This acted like magic with resinol and was soothing, cooling and allayed the itching, and now after about six weeks the patient is almost well and feels very grateful too that he can have some enjoyment in his old days.

Acetanilid and boracic acid are two articles every good physician should use for local use in burns, wounds, sore eyes and indeed many diseased conditions of membrane or tissue. I use them mixed with vaseline as an ointment, with glycerine as an application in any sore eyes, and skin diseases. They are friends that are true and reliable and cheap, too, and are ideal antiseptics I could not do without. The coming antiseptic is pix-creosol, for it is the most powerful, being 40 times stronger than carbolic acid, and 10 times stronger than corrosive sublimate, is non-corrosive, non-toxic and is easy to take.

Recently my attention has been called to the oil of tar in treatment of hemorrhoids; I found it out in an unexpected way. It happened that a patient came to me for some good pile ointment. I mixed one of my old reliables, but it seemed it had no effect on his little stingers. The next time he came into my office I asked him if he had been helped any by the ointment. I received a negative answer, but he said he had found something that "knocked them silly." I was anxious to know and asked what it was. "Oil of tar," he answered. I was not long in getting some of it and incorporated it in a mixture of boracic acid and acetanilid, and have tried it on one case of hemorrhoids that is an extremely bad case, with good results.

You will say I am a crank on acetanilid and boracic acid. I don't care doctor, the crank makes the wheel go, and they make my wheel go as regards a successful practice very well. Get acquainted with them, doctor, and you will know for yourself and think as I do.

I had a confinement case the other day in which the child was a full sized boy, plump and hardly a speck of vernix caseosa about him, but his feet were marked by good sized spots where the skin had come off as in blisters, leaving the lower skin exposed; there were two of these spots on one foot and three on the other. His skin peeled off in different parts of the body in a couple of hours after birth. The hemorrhage from the cord could not be controlled even by strong tying and he bled quite a quantity before it was discovered. He died in about 8 hours after birth, turning very blue or black, with a very fine skin erythema before he expired. Now, was this syphilis? I have had very limited experience with this disease from a congenital standpoint. Will some of the readers help me and inform me if it was syphilis? If not, what was it?

S. D. Sour, M. D., M. C.,
Princeton, Minn.

This interesting paper by Dr. Sour contains a number of practical points. The successful treatment of eczema is antiseptic and sedative. We think the zymotoid contributed to the cure of the case by its active antiseptic properties. It can be diluted with

water in such cases and used continuously with no irritation. We asked Dr. A. C. Kellogg to give us his opinion on the other case, as he has given a great deal of attention to the study of such cases, and his reply is given below. These case reports open the subjects of eczema and congenital syphilis for discussion. We want practical contributions like Dr. Sour's, so send us your experience with these diseases.

CONGENITAL SYPHILIS.

Dear Doctor Thorne:—

Referring to your excerpt from Dr. Sour's article, and in response to your kind invitation, I submit the following in reply:

In answer to Dr. Sour's question whether the child that died as a result of umbilical hemorrhage was afflicted with syphilis, I should say, unhesitatingly, yes. In fact, his description of the case would fit the last one I have seen perfectly, except that the one I refer to was born dead. Literature on this subject can be found in Ziemssen's Encyclopedia of the Practice of Medicine, Vol. III., p. 238, also consult J. Lewis Smith's work on Diseases of Children.

You ask whether the use of my elastic ring would have secured this child against fatal hemorrhage. It certainly would if the hemorrhage came from the cut surface of the cord. Not a drop of blood can pass the lumen of this ring when it is settled on the umbilical stump. Death from umbilical hemorrhage is usually attributed by the aggrieved parents to negligence, and hence the accident is always a source of deep mortification, if nothing more, to the doctor. I believe, however, in Dr. Sour's case the child was doomed on account of syphilis and would not have survived more than a few days.

A. C. Kellogg, M. D.,
Portage, Wis.

PNEUMONIA.

Editor Recorder: I take pleasure in responding to your request for an article on Pneumonia for the Recorder.

For many years I followed the old masters in medicine, but many times often wondered if it were not possible to get out of the old ruts and advance something "new." I abandoned all the old ideas altogether and for nearly five years worked along the line of antiseptics. It was a long time before I could be made to believe that nearly all diseases were caused by disease germs, but the more we study in that direction the more convinced we are that they are the prime factors, except that they act differently in different diseases and in different subjects; mildly in some and more severe in others, yet the diseased conditions depend altogether upon the bacteria or germs of whatever nature and the results of destruction

As we know that all germ life is not alike, so do we know that germs do not all have the same activity. In individuals we have what is known as vital or resistive force and the stronger that is the milder the attack, always. Now, the question arises, what is the cause of the fever, and why does it assume so many different forms? That is a question that has baffled many able men. Is it simply the presence of bacteria or is it the product of destroyed tissue of whatever nature? I contend that fever is the result of destroyed and broken down tissue caused by the bacteria which disintegrates or decomposes and nature absorbs it in the blood and produces fever in order to burn it up and in that way to throw it off, or, in other words, tries to get rid of it by absorption and throws it out of the system through the excretory organs, lungs, kidneys, skin, etc.

Now having made up my mind what the cause was, how produced, how

continued, I thought of only one thing and that was to get rid of the disease germs, the "fellow" doing the mischief, was the right procedure. But how? By an antiseptic—the more simple the more effective, and for five years I worked along that line. That is how I discovered the Viskolein treatment, and I not only use it successfully in pneumonia, but all diseases of a zymotic nature, such as typhoid fever, diphtheria, bronchitis, scarlet fever, etc., and I have as yet in the past three years to meet my first case of failure, and with a single exception of one case of typho-malaria, have aborted every one in six days' treatment and less, all with the "Viskolein treatment," single and alone. Now you ask, how does the treatment act? It simply destroys disease germs that are in the blood, thereby getting rid of the cause and shortens or aborts the attacks.

Viskolein will reduce rapidly and permanently the bodily temperature and destroy the specific disease-producing germs. The fevers of the above-mentioned diseases are, as you will agree, caused by specific bacteria which are all brothers and sisters of the same general family, no matter by what name we know them, and it is now an accepted fact that the destruction or neutralization of these disease germs arrests at once morbid processes and checks their deleterious influences.

It has been the hope and aim of bacteriologists for many years to discover some remedy that would destroy these germs without injury to the live tissue. I now claim to have made such a discovery in my antiseptic treatment. The abortive properties which it possesses evidently lie in the complete inoculation of the blood with an antiseptic that will render the blood an unfertile field for the propagation of germs or the growth of disease ferments.

Of course the treatment of a fever patient requires the proper clinical interpretation of the indications presented in each case and the exercise of judgment and tact. Tyson says, "Each case is a law unto itself," so that no single plan of treatment could be given to suit all cases. Some require much more medicine to produce a given effect than others and that judgment must rest with the attending physician. I generally give it carefully and watch the effects for the first twenty-four hours. I give one hypodermic injection of the Viskolein solution, the first twenty-four hours, and of the Viskolein powder about five or ten grains every four hours, according to age. Then I judge about how much the patient requires and I push both remedies accordingly, remembering that no harm can come from its use, that Viskolein is composed entirely of simple antiseptics alone. Many times I find a weak pulse or heart at the beginning of the treatment; then I usually administer strychnine with the hypodermic. In my hands it has proven itself one of the greatest remedies, and I could not do without it a single day. If it will do it for me it will do it for others, and a little experience with it will teach how to use it successfully in every case. Of course, I attend to the secretions and diet; keep the bowels loose and regulate them with Phosoda (another grand remedy).

I hope physicians will try them and then write me their results, or any information that I can give you further about it, command me and my time will be yours in the interest of suffering humanity. Yours fraternally,

Geo. H. Rice, M. D.,
Sandoval, Ill.

DOSIMETRY.

Dear Doctor Thorne:—No. 1, Vol. 1, Recorder, received, and I wish to

compliment you on the neat appearance of your first issue. There is a field or rather a niche in the present field for practical, helpful medical journalism. The old-fashioned platitudinous medical journalism must soon pass away. In this day we only have use for that which can in the broad sense be utilized, that which is capable of making the sum total of human happiness greater, or putting it negatively, diminish human pain and suffering. I have recently had a very instructive case along the line of alkaloidal practice, that so soon as I can get the time to work it over for you, I shall do so.

You hit the idea all right in your editorial wherein you say that the alkaloidal idea does not cover the whole therapeutic field. That is true for the simple reason that chemistry is unable yet to isolate all the active principles. But dosimetry does not have to do alone with the alkaloids but may be applied to all medicants and may be successfully made to cover the whole field.

I wish you would make an addenda correcting a few typographical errors in my paper in January number.

1. First page, 6th line from bottom, second column, 3rd word from left side of line is—similibus.

2. Second page, right hand column, 20th line from bottom, 3rd word in line should be—jugulate.

A. L. Blesh, M. D.,
Guthrie, O. T.

The above is a private letter to the editor and was not written for publication, but we take the liberty of publishing it. We shall be glad to have Dr. Blesh's case report.

ERYSIPELAS.

Dear Doctor Thorne:—On page 13, subscriber asks for a treatment of erysipelas. Let him try the following—if in adult: Measure out three 10 gr. doses of calomel and three 20 or 30 gr. doses of nitrate potass. Commence with calomel and alternate every half hour till all six doses are taken; dissolve the potass in one-half glass water. If commenced first day the fever will be gone in 10 hours and the skin peeling off in 10 hours more. For a child use half the amount. Nitro-muriatic acid may be given after the action of the bowels is completed, but usually no other treatment is necessary. I found this treatment 16 years ago in the Va. Medical Monthly, and have used it to the exclusion of any thing else, not only in my practice, but on myself. It makes no difference at what stage you are called, all bad symptoms will quickly disappear; if a relapse, repeat the above.

Dr. Ben. H. Brodnax,
Brodnax, La.

ERYSIPELAS.

Editor Wisconsin Medical Recorder:

Dear Sir:—In the January number of your journal a subscriber asks, "What is the best treatment for erysipelas?"

If your subscriber will send for a trial shipment of the "Zymotoid," and apply it in such cases, and the remedy fails to cause the patient to bless the doctor for his quick relief, there will be no charge for the entire gallon.

W. B. Arnold, M. D.,
Rockford, Ill.

Dr. R. W. Holmes read a paper before the Chicago Medical Society, January 5th, on the Woodbridge treatment of typhoid fever. His conclusions are that the Woodbridge treatment does not abort and that the mortality is not influenced by the treatment.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.
WM. HALL, Business Manager.

SUBSCRIPTION PRICE:
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Original Articles are solicited from our readers We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received.

HALL & THORNE, Publishers,
Janesville, Wis.

AMERICA'S LOSS.

The medical world has met a great loss in the death of Dr. Theophilus Parvin at Philadelphia, January 29th. A few months ago Dr. Wm. T. Lusk of New York, died and now comes the announcement of the death of America's other great obstetrician, Dr. Parvin. Both Lusk's and Parvin's text-books on obstetrics have been considered for years the great American authorities on obstetrics by medical practitioners, students and teachers.

Dr. Parvin was born January 9, 1829, at Buenos Ayres, Argentine Republic, where his father was a Presbyterian Missionary. At an early age he was sent to this counrty to secure his education and was graduated from the medical department of the University of Pennsylvania in 1852. He practiced in Indianapolis for a number of years and was professor in the medical college there. In 1883 he removed to Philadelphia and became Professor of Obstetrics and Diseases of Women and Children at the Jefferson Medical College; this position he held until his death.

He held many positions of honor, having been President of the American Medical Association and of many other societies. He was renowned all over the world as a great writer, an able teacher and a skillful practitioner and also as a man of integrity, who was against charlatanism in all forms.

GONORRHOEAL OPHTHALMIA.

Dr. Pratt's article in this number brings out the facts that accurate diagnosis and proper and thorough treatment are necessary in ophthalmic work. It is seldom safe to pass over lightly any eye trouble, for what appears today to be a mild conjunctivitis may prove tomorrow to be something serious,—an iritis, an ophthalmia, or something equally as grave.

Errors in the diagnosis of eye diseases are due more frequently to lack of a careful and thorough examination than to ignorance. Every eye which comes to the practitioner for help, should be carefully investigated and examined. It is as true in ophthalmic as in any other line of practice, that an accurate diagnosis often means a battle half won, hence the necessity of a correct diagnosis. But the diagnosis is not the whole battle, although some of the college professors do picture diagnosis as the whole battle. After the correct diagnosis, correct therapeutics are equally as important. This is why the progressive physician of today gives so much attention to therapeutics and is ever ready to look into the merits of new remedies. In the present stage of advanced therapeutics, and there is no denying the fact that therapeutic knowledge has made a wonderful advancement in the last few years, many a disease is jugulated in its incipiency

by combatting the untoward symptoms, before there has been time for a diagnosis and a name for the disease.

Dr. Pratt's article gives the appropriate treatment for gonorrhoeal ophthalmia and our readers will find the article valuable for reference. In addition to the excellent treatment given by the doctor, we have had good results in such cases from the use of a formaldehyde wash in the strength of 1 to 5,000 or 6,000. We also think that a more speedy recovery is made when calcium sulphide is administered internally in quite large doses.

PNEUMONIA.

Pneumonia has received considerable attention in the Recorder because our readers are interested in the disease on account of its general prevalence and high mortality; this makes its study at this time of year important to all physicians. Dr. T. N. Miller's paper in our January number gave a good review of pneumonia, which many of our readers have found practical and valuable. Dr. F. M. Confer's paper in this number brings out several different and important ideas and the two papers make quite a complete, although condensed, treatise on pneumonia.

We do not agree with the oft quoted statement of Osler's that "It can neither be aborted nor cut short by any known means at our command." We believe that pneumonia can often be aborted or jugulated by several lines of treatment. Aconitine adminstered during the first stage relieves the congestion, reduces the fever, and starts many a patient on the road to recovery. This remedy is now used by many practitioners and the reasons for its success are well given in Dr. A. L. Blesh's article on Aconitine in this number. Digitalin and strychnine should be used with aconitine as indicated. As Dr. Miller said in his paper, strychnine is a sheet-anchor in the treatment of pneumonia. This trinity properly used will do much in the jugulation of pneumonia.

Some get good results with veratrine especially when combined with digitalin and strychnine. Those who practice venesection say they often cut short the disease in properly selected cases. In strong robust cases seen early venesection removes some of the toxins and relieves the congestion of the lungs; later when the right heart is working against pressure, which it can hardly overcome, venesection relieves the over-worked heart and gives needed help. Diuresis, diaphoresis and catharsis will many times abort the dreaded disease.

That penumonia can be frequently, but of course not always, aborted is now testified to by many capable practitioners. There are some who will not admit that the disease can be aborted or jugulated but say they cut short the disease by their treatment. But this is a distinction without a difference and it amounts to the same thing whether it is called the abortion, jugulation or cutting short of pneumonia. Of course it is necessary to see the cases early, but the physician can see his cases earlier and do much good by impressing upon his regular families the need of calling him early whenever any of the family are not well. Some practitioners get satisfactory results from doses of some of the coal-tar derivatives but great care should be used in prescribing them and the preference should be for a preparation which does not depress, such as zomakyne. During the second stage digitalin and strychnine are most important.

Full doses of strychnine have taken many patients through this stage of the disease. At this time glonoin is valu-

able by sustaining the heart and relaxing the pulmonary and systemic blood vessels. The inhalation of oxygen gas is a valuable adjuvant treatment in cases where the breathing is restricted owing to the extensive lung lesion and in cases where the dyspnoea is of nervous origin. The amount of inspired air, and consequently the oxygen supply, is diminished and the artificial supply of oxygen carries the patient through.

The subject of pneumonia has not yet been exhausted and the columns of our March number will be open for any helpful suggestions from our readers. The Recorder will publish timely articles at all seasons of the year and as pneumonia is most frequent from December to May now is the time to discuss it.

PLEASE OBSERVE.

The Recorder is sent regularly only to paid subscribers. If you receive this number and are not a subscriber it is sent as a specimen copy and you can rest assured no charge will be made for the sample. We ask you to examine this number and we think you will agree with us that twelve such numbers are well worth the dollar we charge for a year's subscription. Now is the time to send in your subscription and get the volume complete. The Recorder for 1898 will contain a large amount of valuable original matter, by good writers, which can be found in no other medical journal.

APPRECIATION.

Words of appreciation are always pleasant to receive after careful and earnest endeavor to do well. A few sincere words of appreciation are especially grateful to the physician as indicating regard for his work, which is often of the hardest and most trying nature. In the various affairs of daily life we too seldom give expression to our appreciation, although we may be fully satisfied with what others have done for us.

It is a pleasure to us to know that our January number was appreciated by subscribers and advertisers. We have received many letters of commendation and we thank those who have sent us such hearty expressions of appreciation.

Our friends will appreciate the valuable articles in this number and can expect that every issue will be as good, if not better, than the first two numbers. There is no question about the success of the Recorder. It is already a success and will be one of the influential medical journals of the time.

THREE MONTHS.

We will send the Recorder three months for 25 cents. This will give those receiving this number a chance for a trial trip if they do not wish to subscribe for a year. During the next three months we shall publish many good practical articles. The Recorder aims to be practical and to publish original articles, which will help the busy practitioner in his daily work. This journal will not be a collection of clippings but will be composed of the practical ideas and experiences of active physicians.

Protargol is a new antiseptic which consists of a combination of silver and protein. It is claimed to have a strong antiseptic action, with little irritation. It has been used in 1 per cent. solution in the treatment of gonorrhoea, with good results. In the form of powder and ointment it is being used as a surgical dressing.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and ClinicalNotes on Medicine and Surgery.

Essence of cinnamon is a good germicide.

Rhus tox is often useful in the treatment of sciatica.

The German patent on antipyrin expires in July.

Norway has over 1,000 lepers in three special hospitals.

Ichthyol ointment is a good application for boils and carbuncles.

Thyroids promise to be valuable in the treatment of uterine fibroids.

Dr. Dawson Williams succeeds the late Ernest Hart as editor of the British Medical Journal.

Dr. T. N. Miller, Rockford, Ill., is preparing us a paper on "Glandular Fever," which will appear soon.

We shall be glad to have you send us an original article, case report or therapeutic note; it will do us all good.

Dr. May, of Bloomington, Ill., has a successful treatment for goitre, which is highly extolled by many physicians.

Clinical tests have thoroughly proven the value of Bovinine. It has long had the endorsement of the medical profession.

Haematherapy is being successfully used by the profession. We shall have something to say about it in future numbers.

Acetanilid is being used more extensively as an antiseptic powder for surgical dressings. It is frequently combined with boracic acid, aristol or iodol.

The latest and best opinions, of the profession, are that the toxins of erysipelas and of the bacillus prodigiosus are of little or no value in treating malignant tumors.

Physicians should not send their prescriptions to pharmacists who substitute. Reliable preparations and no substitution are necessary for the good of physician, pharmacist and patient.

The Medical Herald is strongly advocating Dr. F. J. Lutz of St. Louis for governor of Missouri. A doctor in the governor's chair would be a new but most commendable expedient.

An effort is being made to secure a law in New York State restricting the use of hypnotism to licensed physicians, on account of the danger in the practice of hypnotism by unprincipled and unskilled persons.

Some of the good things to appear in the March Recorder are: Does Alcohol Kill? by E. M. Epstein, A. M., M. D., West Liberty, W. Va.; Notes of Practice, by Dr. W. C. Buckley, Philadelphia; The Bladder in Old Age, by Dr. Ben Brodnax, Brodnax, La.; Alkaloidal Medication, third paper, by Dr. A. L. Blesh, Guthrie, Okla.

Dr. Ernest Hart died in London January 7th of diabetes, aged 61 years. He was for years the editor of the British Medical Journal, which by his ability he increased from an unimportant journal of a few hundred circulation to a great and influential publication of 20,000 circulation. He was also a great sanitarian and will always be famed for his great and good work in this field.

The Nebulizer is coming into general use in the treatment of throat and lung diseases, as by its use vapors can be forced all through the respiratory passages. It is also effective in the treatment of diseases of the nose and middle ear. The Eureka is a well made, improved and efficient nebulizer and has had a large sale.

Zymotoid is a reliable antiseptic containing sulphur, boracic acid, nitre, cinnamon and other active germicides. It is valuable wherever a good antiseptic is needed and experience has demonstrated its efficiency.

The anti-vivisection bill, now before Congress, would restrict medical investigation and progress in this country, if passed. Physicians should write to their Members of Congress to oppose the bill.

Vick's Garden and Floral Guide.

We have received the 1898 issue of this work, which is a book of 112 pages. It is profusely illsutrated, containing colored plates and fine half-tones. It contains much information on all departments of gardening and every doctor who has a garden or raises flowers, should have a copy. Recorder readers can obtain a free copy of this pretty and valuable publication by addressing Jas. Vick's Sons, Rochester, N. Y.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE MICROSCOPE AND MICROSCOPICAL METHODS. By Simon Henry Gage, Professor of Microscopy, Histology and Embryology in Cornell University.

This is the age of the microscope and it has become a necessary part of the physician's working apparatus instead of a rarity as it was a few years ago. The growth of bacteriology and allied sciences has greatly stimulated the science of microscopy. Another thing which has brought the microscope into everyday use is the low price at which one can be purchased, which makes it possible for every medical practitioner to have one. After possessing a microscope a good working manual of microscopy, such as Prof. Gage's work, is necessary. The book describes the principles and uses of the microscope clearly. Among others the following subjects receive attention: Interpretation of appearances under the microscope, micrometry, drawing with the microscope, the micro-spectroscope and micro-polariscope, and photo-micrography. Complete directions are given for preparing, staining and mounting specimens. The volume contains 240 pages, is illustrated with 165 figures and is well bound in cloth. We take pleasure in recommending the book to any of our readers who want a good work on microscopy. It is published at the low price of $1.50, by the Comstock Publishing Co., Ithaca, N. Y.

Dr. Joseph O'Dwyer died in New York, January 7th, at the age of 55 years, of tuberculous meningitis. His fame was due to his development of the operation of intubation of the larynx.

THE MEDICAL SOCIETIES.

FOX RIVER VALLEY MEDICAL SOCIETY.

The annual meeting of the Fox River Valley Medical Society was held at Green Bay, Wis., Jan. 25. The society met at the Hotel Christie and the meeting opened with President H. B. Tanner in the chair. Papers were read as follows: "The part the physician plays in the struggle for existence," by Dr. J. T. Doyle of Green Bay; "Eclampsia," by Dr. J. F. Ford of Omro; "Hypnotism," by Dr. C. W. Stoelting of Oconto; "Modern Treatment of Diphtheria," Dr. B. C. Brett of Green Bay; "The use of Antitoxin in diphtheria," by Dr. T. J. Redelings of Marinette; "Ventro-suspension of the Uterus," by Dr. A. H. Levings of Milwaukee; "Aneurism of the Abdominal Aorta," with report of case and specimen by Dr. G. M. Steele of Oshkosh. The papers called out active discussion and the meeting was the largest ever held in the history of the society. Fifty-five members were present and ten new members were added. The following officers were elected for 1898: President, Dr. T. J. Redelings of Marinette; 1st Vice Pres., Dr. J. F. Ford of Omro; 2d Vice Pres., Dr. Bertha V. Thompson of Oshkosh; Secy. and Treas., Dr. J. S. Reeve of Appleton. After the close of the session a banquet was held in the dining room of the hotel and an interesting after dinner program was presented.

PNEUMONIA.

Discussed by the Rock County Medical Society.

The regular meeting of the Rock County Medical Society was held at Janesville, Feb. 4th, with Pneumonia for the subject. Papers were presented by Doctors G. W. Fifield, M. A. Cunningham, W. H. Judd, Q. O. Sutherland and J. F. Pember. The discussion was mainly confined to the treatment of the first stage and was participated in by the above physicians and by Doctors G. H. Fox, H. Speier, W. H. Palmer, J. P. Thorne and Jas. Mills, the president.

The papers and discussion brought out quite thoroughly the value in treatment of aconite, veratrum, digitalis, strychnine, nitro-glycerine and venesection. Several members had derived considerable benefit from the use of bryonia. Proper diet, good nursing, ventilation and right surroundings were all mentioned. The use of external applications was considered and most were in favor of the cotton jacket, with external heat applied if needed. Cold compresses were considered valuable in the experience of some.

The Rock County Society has several features different from most societies. It is composed of physicians of all schools, who are in good standing, and all papers presented at the society are given without manuscript.

The antiseptic dressings made by Pauly and Pauly are unsurpassed. They will send free samples to any of the Recorder readers who apply.

Milwaukee had the lowest death rate of any large city in the United States for 1897, 13.1 per 1,000. Chicago was second with 13.5 and New Orleans the highest, 26.9.

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VOL. I. JANESVILLE, WISCONSIN, MARCH, 1898. NO. 3.

ORIGINAL ARTICLES.

ALKALOIDAL MEDICATION.

(Third Paper.)

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, O. T.

AGARACIN.

Agaracin—A glucoside from white agaric, also known as purging agaric.

Agaric belongs to a genus of mushrooms denominated Boletus. Several species are edible while others are poisonous.

There are two granules manufactured, gr. 1-67 and gr. 1-12 respectively. The smaller is the standard.

Large doses are actively purgative. But so far as our present knowledge of the drug extends its chief indication is in colliquitive sweatings from any debilitating ailments soever, as phthisis pulmonalis, chronic bronchitis, etc.

For this purpose administer 3 to 6 standard granules 2 to 6 hours before the expected sweat. If required repeat same. Both you and your patient will be delighted with the result.

For this trouble, in some ways at least it is the superior of atropine—its effect seems decidedly more permanent and less annoying to the patient. It will also seem to relieve those cases in which atropine and the mineral acids have both failed to give relief.

Agaracin should have further study as its activity in this direction demonstrates a potency over a leaky glandular system which might be utilized in many ways. The writer has used it for no other indication than that given above but its action here is so gratifying that it deserves this passing notice. Its physiologcal action is not yet well or even at all understood. However its purging action is well known and should this occur when administering it for sweating, which is not at all likely in the dose given above, it may be guarded with 1 or 2 granules of codenie gr. 1-6.

ANEMONIN.

Anemonin—A camphor, the active principle of several varieties of the order Ranunculaceae, usually is derived from the anemone pulsatilla. Many varieties of the plant grow in this country and all contain more or less of the camphoric principle upon which the drug depends for its activity. Standard granule gr. 1-134.

When taken in sufficient dose according to Tresselhoeft and others, it occasions profuse lachrymation, also mucoid discharges from the mouth and nose. In large dose it acts as an irritant to the mucus membranes in general. Frequent desire to urinate with sometimes bloody urine shows its effect on the bladder mucosa. Later bright red skin eruptions may appear. When pushed yet farther severe numbness and dryness of mucus surface is experienced. It is a stimulant to the mucus tracts in small dose. It seems to manifest a somewhat selective affinity for the mucus surface of the genital tract, and finds its chief indication where there is a scanty painful flow. In those cases where the flux is checked from catching cold, it will be found to combine well with aconitine. For this purpose one granule of each may be given together every one-half hour until relieved or the aconitine manifests its peculiar action. In these cases there will usually be found high arterial tension and excessive nerve excitation with a decided tendency to hysteria. If the dysmenorrhoea be of a spasmodic type—that is the pain recurs at short and regular intervals—and is not due to marked mechanical obstruction, combine it with glonoin or hyoscyamine, or both, say 1 granule of anemonin, 2 of glonoin and 1 of hyoscyamine every 20 to 30 minutes until relieved or the glonoin or hyoscyamine hoist their usual signals. This combination will often please you and will sometimes triumph over a limited degree of obstruction on account of its relaxing effect. It frequently happens that an obstruction in and of itself insufficient to occasion a painful retention of the menstrual flux speedily becomes so because of the nervous hyperaesthesia usually incident to the first few days of and preceding the flow. In such a case as the above described, you will find a veritable gem in this combination pushed boldly to effects. The writer believes in operative interference when he encounters a dysmenorrhoea due to mechanical obstruction when the same is practicable, but we find many of these cases among young girls and unmarried women, who should not be subjected even to examination without ample reason therefor exists. And too these cases are the ones in which quite generally a limited amount of narrowing, accentuated by spasmodic contraction at the internal os, will account for and explain a great deal of suffering. This class of cases is amenable to medical treatment and should be so treated. It is usually best if there is time to begin the remedies a few days or a week before the period is due, giving one granule of each every 2 hours, and when the flow begins if there is pain then or preceding push rapidly to effect. Frequently there will be none of the usual pain. Sometimes dysmenorrhoea becomes a "habit," which like the chills, to be broken up a few times is equivalent to accomplishing a cure.

Anemonin has been used for coryza, cough, rheumatism, besides many other ailments, but it seems to be so overshadowed in these fields by other remedies, and its action seems so clearly outlined in the class of cases described above that in my opinion it should be largely confined to these limits. It will frequently be found to be a very prompt reliever of the pain of orchitis. Before the days of the alkaloids I used to use the fluid extract of pulsatilla for this purpose with sometimes very happy results. As they run however ordinarily the fluid extracts and tincture are absolutely worthless and the best of them generally deteriorate with age. This fact will account for and explain the varying reports to be found in the literature of this drug. In testing the assertions of the writer, do not select some worthless preparation but send to some reliable manufacturer of alkaloidal granules like the Abbott Alkaloidal Co. of Chicago and your results whether

differing from mine or not will at least have the merit of always being uniform.

APOCYNIN.

Apocynin—A resinoid principle from Canadian hemp. Standard granule gr. 1-67. The chief point of interest to us in apocynin is its diuretic action when given freely diluted with water. This action is at times so marked as to have given rise to the significant designation "the vegetable trocar." Its leading indication is in dropsical effusions. Here it combines well with the cardiac tonics. To fulfill the indication for diuretics in dropsical effusions due to cardiac or renal deficiency or both it is perhaps the best single remedy. For this purpose give to an adult 1 to 5 granules every 2 hours in free dilution, and usually you will find it is prompt in relieving the water-logged condition.

APOMORPHINE.

Apo-morphine—An "artificial" alkaloid made by treating morphine with an excess of hydrochloric acid in a sealed glass tube in vaccuo at a temperature of 140 degrees to 150 degrees C. (U. S. P.). It is afterward passed through several processes of purification and finally crystalized as a true salt—a hydrochlorate. Standard granule gr. 1-67.

Apomorphine has long been recognized as a prompt, efficient, easy emetic when used hypodermically in the dose of from 1-15 to 1-10 gr. It occasions a vomiting when thus administered not unlike the so-called "cerebral" projectile vomiting of meningeal inflammation. This emetic action is not due to a local irritant action upon the mucus menbrane of the stomach in virtue of elimination by that route, but is central and caused by an excitation of the spinal nerve centers. By some authorities apomorphine is considered unsafe and in support of this contention it is cited that 1-15 gr. caused the death of a feeble old man when injected. (Med. Rec., 1877, p. 664.) With our present knowledge of the drug however we would be much inclined to doubt the purity of the sample used, that the injection of 1-15 gr. would cause death. Apomorphine is a very unstable alkaloid, decomposing very rapidly in solution, more slowly in powder, and keeps the best of all in the granule form. The hypodermic tablet being very loose in texture and especially soluble is quite prone to rapid decomposition. I have used granules which have stood in my office 6 months, hypodermically with prompt and satisfactory results. In decomposing it turns from at first a colorless to at last a deep green when in solution. Shaller believes this change in color to be due to an oxidation (Guide, p. 47). Hombeck, however, attributes it to the presence of ammonia either as a decomposition product or from absorption from the atmosphere (Pharm, Zeitung, 1885), and it may be prevented by the addition of a small quantity of hydrochloric acid to the solution. This change in color however is not sufficient to affect its medicinal properties if a fresh solution be prepared each day. In moderate dosage of 1 to 3 granules every one-half to 2 hours to a child of 5 to 10 years as indicated apomorphine is a great exciter of mucus secretion, especially along the pulmonary tract. In this respect it excells ipecacuahana and its alkaloid emetine. So it has come to occupy a special niche of its own in the domain of pulmonary therapeutics. From the above it will be perceived at once that one of its principal indications is in the dry stage of capillary bronchitis. This disease is one of the most fatal maladies of early childhood. One of the foremost authorities of the day in alkaloidal medication says of it "the writer had never found a satisfactory remedy in the treatment of this latter disease (capillary bronchitis) until he began to use apomorphine; since which

time he no longer dreads to meet this formidable disease."*

One of the, if not the, greatest dangers to the little patients in this dreadful disease of childhood, lies in the ever present menace of carbonic acid gas poisoning. This is due to the fact that the tenaciouse plugs of material filling the capillary tubes of the lungs shut the air away from the lung cells. More or less complete collapse of the portions of the lungs so affected ensues. Cyanosis supervenes and increases progressively as the oxidation of the blood becomes more and more imperfect. Carbonic acid gas poisoning obtunds the respiratory centers resulting finally in paralysis of them. This is apparent in the marked type of diaphragmatic breathing which always appears during the later stages. When this stage is arrived at death is almost inevitable. Apomorphine given during the dry stage causes a thin secretion to be poured out about and back of these plugs, thus loosening them and making their expulsion possible besides depleting the congested membrane. Especially will it be found of value for this purpose when combined with sanguinarin nitrate or strychnine arsenite or both. The latter two will stimulate efforts at coughing by increasing the irritability of the musculature having that in control, and also reflexly by increasing the sensibility of the mucus surfaces affected. In most of these cases there is too little cough because of the benumbing effects of the carbonic acid. Secretion accumulates, until the patient is almost drowned in the larger tubes, while the plugs yet persist and deny admittance to air in the smaller. Opium or any narcotic will do harm here—cough must be stimulated so that the mucus and obstructing plugs may be dislodged and air once again admitted to the collapsed area. After this is fairly well accomplished as is evidenced by the freer respiration and the disappearing cyanosis the dose of apomorphine should be diminished or better the drug should be withdrawn altogether and emetine or potassium bichromate substituted. The strychnine should be given from the start to the finish. At this time if the apomorphine be pushed too long it will stimulate too free secretion, causing the fluid to accumulate faster than the child can throw it off, thus "drowning the child in its own secretion." In spasmodic croup give one granule to a child of from 1 to 5 years old every 10 to 20 minutes until breathing becomes easier and you will discover that it is not really necessary to vomit these little patients in order to relieve them. It is the only drug emetic to be depended on in cases of poisoning especially of suicidal intent or where narcotics have been ingested. For this purpose 7 to 9 granules may be dissolved in sufficient warm water and injected. This may be repeated every 20 minutes until free emesis occurs. This may be encouraged and the stomach well washed out by free libations of warm water or salt and water.

Case, Mr. J., act. about 55, a dissipated physically broken down specimen, concluded to end it all and for the purpose swallowed 10 grs. of morphine. About one and one-half hours after its ingestion the writer was summoned. Patient in a stupor from which he was with difficulty aroused. Breathing stertorous. He would arouse sufficiently to violently resent any and all efforts to use the stomach tube. I obtained his consent to use the needle, he averring that no man could make him vomit by injecting medicine beneath the skin. To make him believe that I myself had little confidence in the remedy accomplishing emesis I directed that a large dose of turpeth-mineral be given him while I was preparing the needle. He held it in his mouth for a little while and ejected it. In ten min-

*Shaller's Guide, p. 43.

utes after giving him the hypodermic of the apo-morphine he promptly and vigorously proceeded to empty his stomach of a miscellaneous mixture of whiskey and food. He was now meek as a lamb and would obey instructions, so we had him drink water until it returned perfectly clear. We now had to deal only with the amount which had been absorbed. This was evidently considerable. For this strychnine and atropine were given to effect hypodermically. Made a good recovery.

Apo-morphine yields itself readily to dosimetric medication on account of the smallness of the therapeutic dose. It is a remedy destined to occupy a high place in therapeutics so soon as its virtues become manifest to the profession at large, and so soon as we can be assured of the reliability of the article.

(To be continued.)

ALKALOIDAL TREATMENT.

Notes of Practice—Muscular Rheumatism.

By W. C. Buckley, M. D., Philadelphia.

Myalgia or muscular rheumatism is a disease affecting the different voluntary muscles of the body as the neck, back, and frequently the muscles of the arm and shoulder causing pain, tenderness and stiffness of the parts; caused by the ordinary causes, as exposure to atmospheric changes as its main cause, the symptoms being mostly local, as follows —pain; this may be intense, usually drawing, tearing and burning, or as if sprained; worse at night, particularly after midnight; pains are usually worse during rest and on first commencing to move after rest; better from moving the affected limbs or on stretching them out. I mention these peculiar symptoms because they are some of the most important symptoms with which this affection is accompanied and they unmistakably point to it, as arising from it. Another important symptom of the disorder, I must not omit, and that is, the patient under this form of disease, unlike many others is mostly, if not always, better from warm applications in general and yet he may be icy cold on the surface and will not remain covered up.

Treatment internally—Arseniate of quinine, arseniate of strychnine, bromated camphor, and rhus toxicodendron The camphor bromide, particularly when the patient has a cold surface, may be alternated with the others. I usually give the first three articles together in the form of dosimetric, or alkaloidal granules,—one of each together every hour or two hours until 10 or 12 doses have been taken. Then less frequently, until cured. Cured! yes, that is the proper word in this connection as the patient usually becomes free from the disorder.

Torticolis and *lumbago* particularly are often promptly relieved by this treatment, the former however may require a granule of bryonin added and the latter a granule of macrotin in addition. I have found however that to procure rest at night and relieve the severe pains in the day time, doses of 2 or 3 grains of lactophenin or of Abbott's dolorpyrine may be administered with comforting effects. Repeated when necessary.

The *local treatment* may be cold, warm, or hot. I have very little faith in any form of local management. The *specific* remedies and therefore sure ones, are the drugs above mentioned if properly timed and administered. If I were allowed only three drugs in this disease in its various forms, including the neuralgias, I would choose arsenic, strychnine and rhus toxicodendron of the dosimetric pharmacy.

Ichthalbin is a chemical compound of ichthyol and albumin. It is said to be the same as ichthyol in action but without odor or taste.

THE THERAPEUTICS OF CHRISTIAN SCIENCE.

By A. H. Barrington, B. A., S. T. L., Janesville, Wis.

Christian Science claims to be the science of metaphysical healing. We admit it to be an art. As an art of healing, then, what has it done? What can it do? That pain has been alleviated, that some diseases have been cured by Scientists, we are willing to concede. We however defy anyone to prove that such "healing" is due to that illogical, self-contradictory, "non-sensical," anti-Christian conglomeration falsely called Christian Science.

THE DISCOVERY.

What the author of Health and Science "discovered" is a principle of human nature (yet to be proved most valuable and useful) which makes possible the actual cures of all these healers of whatever sort, which was "discovered" and made use of by soothsayers and magi and all that class in the East, long before the Christian era. Not knowing what this principle is, one and all of these healers allege it to be a proof of their respective theory and the power that they possess. Not knowing the scope of its powers or the laws by which it is governed, it becomes a dangerous force, however, in the hands of the many modern demonstrators, and for the safety of humanity (especially children) they should be held liable for every death *due to the ignorant use of this power.*

THE VIS MEDICATRIX NATURAE.

In considering the art of healing in general, we must take into account, as a most important element, what is called the Vis Medicatrix Naturæ, the healing or recuperative power of nature. Disease, you know, is an abnormal condition and nature is endowed with a power to restore our bodies to their normal state. It is, as we well know, not always able to do this, being at times too completely obstructed; and so it is the province of the learned physician, not to perform marvelous cures (he does not cure) but to exercise his skill in assisting nature by counteracting, nullifying or removing whatsoever hinders its marvelous recuperative efforts. Of this ever active and assertive power of nature, Sir John Marshall, F. R. S., said: "The Vis Medicatrix Naturæ is the agent to employ in the healing of an ulcer or the union of a broken bone; and it is equally true that the physician or surgeon never cures a disease; he only assists the natural processes of cure performed by the intrinsic conservative energy of the frame, and this is but the extension of the force imparted at the origination of the individual being."*

Thus we may understand how one may be restored to health in spite of malpractice and why good nursing is so heartily commended by physicians; in the one instance, the wonderful recuperative power of nature has succeeded in spite of the ignorance of the practitioner; and in the other, the nursing assisted nature in a recovery that was made certain and more speedy by its aid.

THE INFLUENCE OF THE MIND.

It is well known that the dominant mental state has a wholesome or depressing effect upon the organs of the body, so that many of the ills of which people complain being imaginary, they may be dispelled by a complete and radical change of one's mental condition. "Mental impressions, however produced, it is said, act through the nervous system upon the organs of the body, so as to stimulate or to obstruct their functions. Thus fright, grief, hope, cheerfulness, determination to get well or

*Buckley Faith Healing Christian Science, p. 277.

despair, all register themselves in the bodily condition."*

How often we have heard of people said to have frightened themselves into sicknss. Caring for the sick they have in fear conceived the idea that they have contracted the same disease. How often through grief, despair and sometimes nothing but sheer laziness people neglect the body until they become morose, despondent, morbid. They have innumerable aches and pains and require constant attendance, medical and otherwise. Here then is a field for marvelous cures by bread pills, colored water, faith, Christian Science, mesmerism, spiritualism and every kind of healing art. Whatever the means employed however, the underlying fact is that through hope, faith, a desire to get well, through finding a purpose in life, by being given something to do, through imparted cheerfulness, the mind is roused out of its morbid condition, everything around one again becomes bright and filled with hope and expectancy and in consequence the sluggish organs of the body are so stimulated to activity that all symptoms of the imaginary disease vanish away.

CHARLATANRY.

Victims of charlatanry coming under this head are found in the cases of those who, after severe sickness or dangerous accident, are persuaded (in their own minds) that they are hopeless invalids. In illustration, there comes to my mind the instance of a lady who, recovering from a terrible accident, thought that she could never walk again. Her physician declared that there was no reason why she could not walk and at his suggestion, she was left in her arm chair under a tree, one summer afternoon, when a thunderstorm was approaching. She was always much alarmed by such storms and when she found that she was forgotten or neglected, she declared she got up and walked into the house and has walked ever since. What a marvelous cure this might have proved if she had fallen into the hands of a healer while still under her hallucination. Still other cases for the charlatan are those where the patient has passed the crisis and nothing remains to be done but with careful nursing to wait for nature to complete the restoration to health. Often, however, this does not take place as rapidly as desired (due frequently to ignorance and improper care) and so a change of physcians is made or one of the many kinds of healers is called in, and to the latter is given the undeserved, unearned credit of bringing about the recovery.

ACTUAL CURES.

It is admitted, however, that some cures by Christian Science healers and others are genuine but it is firmly maintained that they pertain to functional, not organic, diseases, that is, to those diseases the symptoms of which cannot be referred to any appreciable change of structure or derangement of an organ, and not to those attended with morbid changes of the structure of the organs of the body or in the composition of its fluids; or again, to ailments due to "nerval derangement" and not to those due to the invasion of microbes.

PERCENTAGE OF CURES. THE PRINCIPLE.

Furthermore, it is alleged that five per cent. of those who went to the healer Schlatter were cured. Five per cent. also of those incurables who take "The White Train" in France to visit the Grotto of Lourdes and who are examined by physicians before and after going, are pronounced cured. Christian Science, it is said, takes no account of

*See Shinn's Modern Substitutes for Christianity, p. 46.

its failures. We may therefore place its percentage on a level with those others, for whether we consider the cures of Cristian Science, of Schlatter, of Lourdes or other wonder-working shrines of faith, or mind cures, of mesmerism or spiritualism, of magnetic healers, of Indian medicine men, of Hindoo Yogis, of Egyptian Fakirs or of the old Eastern soothsayers before the Christian era, the principle is identical in one and all and so is not only no new "discovery" of this age but is even independent of all these systems, Christian Science as well as all the others, that it is alleged to support. That principle is the same that the fond mother makes use of when, her little child crying with the pain from a burned finger, she gives her a new doll and counsels her to forget all about the pain.

Group this principle and you can explain all these marvelous cures.

THE PRINCIPLE.

Let us attempt to get an insight into it.

I—PAINLESSNESS—A FREAK OF NATURE.

It is narrated of one Miss Evatima Tardo, who was born on the Island of Trinidad, West Indies, and is now 26 years of age, that she does not know pain and has never had any feeling or sense of touch. It is said to be due to a defect in her nervous system. Snakes bite her, pins are thrust into her body, through her cheek; flesh wounds are made by knife or pistol ball and she feels no pain. The wounds are not denied, because they do not pain. They are plainly to be seen. They heal very rapidly, however, because of the absence of pain or feeling which in ordinary mortals delays the recuperative powers of nature. Miss Tardo can also control the circulation of her blood, when bitten by a snake, allowing the wound to bleed or not at will.*

II. PAINLESSNESS; SUPERCONSCIOUSNESS OR CONTROL OF THE SENSES.

From Miss Tardo we go tho the Hindoo lecturer on Vedanta philosophy in this country. Swami Abhedananda, who in an interview in the Sun† (N.Y., Dec. 26, 1897) said concernin our blessed Lord that having (in Gethsemane) "reached the state of mind known to Hindus as samahdi or superconsciousness," that "there was no pain for Him on the cross; that the nails driven into His hands and feet excited no more sensibility than they would, if driven into so much wood." He then explained what was "meant by the control of the senses as illustrated in the case of Christ." He tells of a sage Chaitanga, who was tested for the control of his senses by holding some powdered sugar on his tongue for ten minutes and then blowing it off as dry as ever. Again he tells of another sage in India outside of the city. Robbers had taken him for a spy and chopped off his right arm. He quickly walked back to the city. A kind hearted Brahmin met him, recognized him and fell at his feet, binding up his wound." But the sage was hardly aware that he had been wounded. His countenance glowed with deep calmness and tranquility. He had not only withdrawn his senses but he had shut his soul entirely in from his mind." Other sages have been chopped to pieces uttering the declaration all the while that they could not be killed." Still again, he tells of a friend of his in London going to see a Spaniard who claimed to have entire control of the senses. Submitting to a test, a doctor drove a needle between the nail and flesh of his thumb. The Spaniard did not wince but

*See Minneapolis Journal, Aug. 10 and 14. '97, N. Y. Sunday World, Aug. 1897. also Tit Bits. Dec. 1897.
†See Literary Digest, Jan. 15, 1898, p. 81.

went on laughing and talking to his friends. After some minutes, he was requested to relax his mind. Of course when he did so, he was seized with the most excruciating pain and blood began to run from the wound." "It is by such concentration of mind," he declares, "that one is able to separate the soul from the mind and free it from the knowledge of matter."

These examples show us the possibility of the absence of pain or of a state of unconsciousness of both pain and suffering and that this state of unconsciousness can be brought about through the control of the senses. It also shows within man something that can control the senses. What is this something?

(To be continued.)

THE BLADDER IN OLD AGE.

By Dr. Ben H. Brodnax, Brodnax, La.

Many of my older readers will have come across old men, those who have passed 45 years of age, who during the day are not much bothered with urinating, but after retiring at night have to get up 2 to 4 or more times to pass a small amount of urine. There is no large amount of it, no unnatural color, density or odor. It is only the frequency of getting up, and the loss of sleep, which is distressing. There is no pain, the stream is free and followed by no spasm of the sphyncter, no dull pain back of the rectum significant of prostatic trouble. I call this the "old man's bladder." t

Only those who have suffered with this so-called "minor" trouble can well appreciate how really wearing it is on an old man, and also how gladly he will turn to relief. Recently I have been using on two severe and one milder case some of the remedies that have been brought to notice of the medical fraternity, with much pleasure to myself and relief to my patients. I refer first to tritica. In the case of three women, multipara with irritable bladder, past the menopause, the relief was surprising to them. Frequent micturition of gestation has been relieved to some extent. In one case of a man of 65 the relief was pronounced in a few days and in 2 or 3 weeks he was not compelled to get up at all during the night.

More recently I have been using the advice of my confrere, Dr. J. S. Leachman, "Lycopus Virginicus" (bugle weed) and find it is in every way as satisfactory as the other. Messrs. Park, Davis & Co. put up a fluid extract and B. Keith & Co., N. Y., a concentrated tincture. Both are first class and may be depended on to do the work. I was surprised at its efficacy in case of a 68 year old rheumatic subject who was compelled to get up at night, about every hour to pass urine, say about 1-2 an ounce each time. In three weeks' time he was not only free of his urinary difficulty but his articular rheumatism was nearly cured. I remarked this to Dr. Leachman and he said " Yes, it will cure chronic rheumatism and I have known chronic bronchitis also cured to stay cured by a month's use of the fluid extract."

The above may not be new to many who read this but to many who have had to worry with these troubles in old people, a trial of them will be an agreeable surprise.

The "Triticum repens" (couch grass), as well as bugle weed, is a common wild growth east of the Mississippi river and its many good qualities have been for a long time known to the country people.

I commend them to my brethren with the hope that they will be as successful in relieving, and rendering the last years of old men a blessing, rather than a nocturnal torture.

Many old women are similarly affected with this trouble, repeated gestation causing irritable bladder. To them a safe and pleasant cure would be a blessing.

DOES ALCOHOL KILL?

An Inquiry by Eph. M. Epstein, A.M., M. D., West Liberty, W. Va.

It is my regretful impression that it does not, and if I am wrong, my sincere desire is to be corrected by the readers of the Medical Recorder. There is no class of men who can establish the true answer to this inquiry better, or as well, as medical men can. I turn, therefore to them for information. I know that "*tot homines tot sententiae*," and that doctors differ proverbially. But if it be true that alcohol kills, then they would know it, and their differing about a fact ought not to be too great. My impression has forced itself upon me from my observations during a great part of my life. I am of Jewish extraction, and know well that my native people are not total abstainers; in wine countries they drink wine, and in beer and whiskey countries they drink these. Drunkards among them are rare, and deaths from alcohol I never knew of one among them. I left my native country, (Russia,) when I was twenty, and am now sixty-eight. I know that the Russians equal, if they do not surpass the Americans in whiskey and beer drinking. There are as many drunkards there as there are here. And yet what race is hardier and lives longer than the Russians?. I have practiced medicine in different parts of the world since 1859, and yet in all my practice I have met with but two deaths from alcohol, and one of them was from pneumonia, the patient having run away from the house in delirium and wallowed in the snow almost naked. I have practiced medicine in the village and its vicinity in a radius of five miles for the last ten years. I have known of about 110 deaths, (five in my practice) in this locality of about 600 inhabitants, during this time, yet only one death from alcohol in the form of tincture of ginger. And yet, there are not a few drunkards, or any lack of drunkards here, both old and young. This is my experience, and hence my impression. What is the experience, what the impression of the readers of the Recorder? But my experience and impression as to the influence of alcohol on character is, wherever I have observed it, that it is degrading and brutalizing, and fitting those who indulge in it to a less or greater extent to become liars, thieves, adulterers, murderers and generally children of hell in this life, and presumably in that to come. As a predisposer to disease alcohol ranges in my experience with venereal excesses, syphilis, and other blood diseases, hereditary or acquired. And why do I write all this here? Because my impression is, that the paramount social cause of temperance is being continually damaged by what I can not but think to be the false argument of "alcohol kills," preached, lectured, and taught from pulpit, platform and daise. The drinker and his children hear it and knowing as they do of many an old and strong toper both at home and out of it, they can not but regard that argument as a bugbear. And the drinker goes on drinking and his children begin to drink as soon as they can before or after school age. And many a routine and "bread-and-butter" preacher uses the "alcohol kills" argument as his chief or only stock in trade. And if I tell him. as I often do, that his argument is false, that he had better see and declaim on the degrading and luring soul destroying influence of habitual drinking of alcoholic beverages, he turns up his fine ecclesiastical nose against me, and

accuses me of "belittling the cause of temperance." It is so safe and easy for such gentlemen to declaim on the glory of a heaven and the horrors of a hell beyond this life—no parishioner will object, and neglect to learn and teach of a heaven or hell for the individual and society in the present, throbbing, tangible life. Would it not be more conducive to the good and paramountly needful cause of temperance to leave the argument of alcohol kills, and argue from its, alas, too evident miseries, and dens, and crimes, for which alcohol makes men and women so ripe? But if alcohol does kill, then I am wrong, and stand to be corrected by the readers of the Recorder. Until I am I shall speak thus.

TO DRUNKENNESS!

Oh fiend of all the fiends that ever cursed
The human race once soberly divine!
From out what hell didst out thou ever burst,
To enter into men and make them swine?

Why dost thou kill so few and far between,
And fatten'st most like cattle beasts of slaughter
And keep'st them in that hellish lust so keen,
And in a fire that knows no quenching water?

Tis not their graves I mostly would bemoan:
And let these early be, or be these late:
But oh! their living manhood's gone,
There lower, lower than the beastly state!

Oh cease to tell me of the drunkard's death,
As though it were the worst of things:
Tis worst to smell his stinking living breath,
'Tis worst than that, which to the carcass clings!

In the treatment of pneumonia, Dr. Solomon Solis-Cohen, of Philadelphia, uses the following formula largely:

Ammonium Chloride	10 gr.
Ammonium Carbonate	5 gr.
Ammonium Salicylate	5 gr.
Fld. Ext. Coca	1 dr.
Essence Pepsin	1 dr.
Syrup Tolu	1 dr.
Water	1 dr.

Mix and make a tablespoonful which is given every second to fourth hour, with or without water.

Glycerinated vaccine-lymph has been used during the past year with most satisfactory results. The calf-lymph is mixed with a 50 per cent. solution of pure glycerine in sterilized water. This causes the destruction of pathogenic germs without lessening the efficacy of the vaccine-lymph. Lymph prepared in this way gives protection from small-pox and without causing the sores frequently caused by extraneous infection.

A quantity of prescriptions recently found which belonged to Michael Angelo gave rise to the idea that he was an oculist as well as a great artist. Later and more probable is the opinion that the prescriptions were given him for his own use as he had an eye trouble.

The Mayor of Buffalo, N. Y,, will not permit peddlers to sell spectacles, as he regards poor and improperly fitted glasses capable of doing much injury. Every peddler's license contains this prohibitory clause: "No eye glasses are to be sold under this license."

European physicians are treating cancers by injecting alcohol into the substance of the tumors. Forty parts of absolute alcohol are mixed with sixty parts of distilled water. The use of this mixture has given some good results.

Uricedin is a new remedy for gout, chronic sciatica and diseasas of the uric acid diathesis. The dose is 15 to 60 grains before meals in hot water.

Hypnotism will be tried to control the unmanageable inmates of the State Industrial School for Girls at Denver, Colorado.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

SCARLET FEVER

Dear Doctor Thorne:—I want your diagnosis on a peculiar case I run across. As I am a young practitioner I am always trying to seek for more light on a doubtful case.

This was a case, or a couple of them, I was called to see, a boy and girl aged 6 and 8 years respectively; on my arrival at their bedside found both with a high fever 105° and enlarged lymphatics around the throat and neck, redness and oedema of the mucus membrane of mouth and fauces, strawberry tongue, papillæ of tongue decidedly pointed and red, urine slightly albuminous.

I pronounced the case scarlet fever and learned the next day they were very delirious at night; put them on the usual scarlet fever treatment and reduced swelled glands with chopped ice, salicylate soda and sp. nitre internally, a small dose of calomel occasionally, antifebrin when fever was very high, syr. chloral at night for rest and the usual milk diet, with a piece of ice now and then on the tongue; they seemed to get along very well on this treatment, but I looked day after day for scarlet rash, but not any; on fourth day I steamed each of them with a hot woolen blanket wrung out of hot water to encourage rash, but without avail; after this performance they seemed to rest much easier. No complications followed, temperature never got above 100°, and on seventh and eighth day complete resolution set in.

What I am after is, what is it, if not scarlet fever? I carefully excluded disease after disease until I came to scarlet fever, of which had all the symptoms excepting the rash.

David Gordon, M. D.,
Emmons, Minn.

Dr. Gordon, evidently, had cases of scarlet fever without the eruption. Such cases are sometimes, but not often, seen in practice. The doctor made a good diagnosis, instituted appropriate treatment and had satisfactory results. Loomis in his work on Practical Medicine says scarlet fever is a disease liable to irregularities. In regard to the eruption he says, "Even that may be so light that the stage of eruption and the stage of desquamation may pass unnoticed and one may be scarcely able to decide whether the patient has or has not had an attack of scarlet fever."

SCIATICA.

A Reply to Dr. G. M. Blech's Criticism.

Dear Dr. Thorne:—As the author of a paper is expected to close the discussion I write you on the subject. However it strikes me quite forcibly that enough of your valuable journal has already been taken up by me, and if you think best you may consign this to the waste basket, and I will willingly risk my paper to stand up under its criticism. There is one thing, though, that I wish you would insist upon and that is that the doctor who is going to criticise a paper should at least read it before attempting to do so. Not to do this is not only unjust to the writer, but it is very unfair to take the time of your readers in such a manner. For instance, Dr. Blech's saying that he does not understand how a real case of prolapsus can be cured without an operation, makes me out as claiming to have cured that trouble in my patient, whereas I never even hinted at such a thing. Getting the uterus in shape so that it will bear continual lifting up,

by means of tampons, is proof enough to any *reader's* mind that the prolapsus was not cured; else why the need of tampons? So that while I do not agree with the doctor that every case of prolapsus requires an operation, in this instance I said nothing whatever about it. Again the doctor says he can not agree with my treatment of the case and suggests one for the uterus itself. I will leave it to anyone, who has read my paper, if I even intimated in what manner I handled the uterine trouble. As I was rambling a good deal from my subject any way concluded not to bring that part in at all. Now, how can a doctor disagree with a treatment when he has no idea what that treatment was? I willingly admit that I did not, but how can he know that I *did not* use the identical treatment he suggested? So I say if Dr. Blech had read the paper he attempted to criticise all this would not have been mentioned.

In regard to the doctor's first point I utterly fail to grasp it. The only thing I can make out of it is that he can not understand how an inflammation of the lining membrane of the uterus and its muscular wall can exist at one and the same time, and as I really can not believe he means this, I am completely at sea about it, so will drop that point entirely, merely remarking that you have made no typographical error. The type stands before me clear and distinct conveying my meaning exactly.

This narrows the criticism down to one point and that is my use of the salicylates, the doctor claiming that they are not even anti-rheumatic. I tried to impress the *readers* of my paper that the patient and not the disease must be treated, and I found in the male patient a similar condition, that in other cases has rapidly improved while taking the salicylates, so I gave him the prescription. I did *not* prescribe it for sciatica, for my female patient never got a grain of it. Of the 1898 year books Treat's Annual and the Universal Medical Sciences have not yet been received. But in Lea Bros.' and Gould's the salicylates are given for rheumatism as a matter of course, and I know Prof. Wood of Philadelphia was using them last year. In the presence of such authority comment is unnecessary. Now just a word in reference to Dr. Blech's treatment with dry heat. Some time ago I thought that an apparatus for that purpose might be a good thing to have. When I read, in one of my medical journals, (Medical News of July 17, '97,) an article by Prof. H. C. Wood of Philadelphia, the professor had had a Tallsman-Sheffield apparatus in almost continual use seven or eight hours a day for about three months in rheumatic cases, including sciatica, and he says that it seems an absurdity to suppose that it will distinctly affect the diathesis in these cases. Neither can I find encouragement for its use in any of the late literature.

J. M. Evans, Jr., M. D.,
Evansville, Wis.

Dr. Evans's paper on Sciatica in the January Recorder has been well received and that his treatment was appropriate for the cases is shown by the good results. We believe that in the treatment of any disease, whatever gives help is worthy of our consideration. In sciatica, if some diathesis, such as rheumatic, causes the trouble it should be removed with the proper remedy. Sciatica is a disease in which it is well to be on the lookout for some underlying cause. In our opinion the treatment of local derangements, remedies such as rhus tox, the salicylates, etc., electricity, hot air, etc., all have their place in properly selected cases. We are not familiar with the apparatus Dr. Evans mentions, but hot air as applied by

the Betz apparatus is used and recommended by many of the good men of the profession. Hot air is considered a useful therapeutic agent by many practitioners. Some of our readers say they have received some valuable hints from our discussion of sciatica.

CHRONIC ECZEMA.

The January and February numbers of The Recorder reached me in today's mail. To say I am pleased with the Recorder does not half tell it. I think The Recorder and I will be friends for some time. I like it because, look at it from any direction you may, and some useful hint or practical point meets your eye. It is evidently a practical journal for practical doctors and I try to be one of that kind.

I have just read Dr. Sour's article on Chronic Eczema; it brought to mind a case I had some two years ago. I'll tell you about it, if you wish to use it do so, if not no harm done. Warren R., age 4 years, well developed boy, covered with eczema from head to foot. Commenced on scalp when one week old, to use the mother's language, "they had doctored and doctored and it just got worse all the time." After I had examined him the old familiar question, "Doctor, can you cure him?" met me. I said, "Yes." The father told me eight doctors in the past four years had told him the same thing, and all failed, and I would too, however I might try for six weeks. As there was phimosis, I circumcised him and then put him on arsenauro, three drops after meals, increased to five; externally, resinol twice daily. As the boy suffered so much he could not sleep but little, I gave the following:

Hyoscyamine Amor.....1-134
Granules No. xii
Codeine Sulph.....gr ii
Aqua Menth. pip.....oz iii
Misce ft. Sol.
Sig. Teaspoonful as required.

The boy improved from the first and in less than three months was cured. I also regulated the diet, bowels and kidneys.

D. C. Roney, M. D.,
Pierceville, Ind.

The many kind expressions of appreciation of the Recorder which we are receiving, are very pleasing to us, as we are glad to know that our subscribers like the Recorder. Dr. Roney exactly expresses the aim of the Recorder when he says it is a practical journal for practical doctors. We are pleased to publish practical case reports such as the doctor sends. These practical reports contain points of value and represent actual clinical experience. We want plenty of these practical papers and are always glad to publish the views of our readers.

PRACTICAL COMMENTS.

Erysipelas, Psoriasis, Hypertrophic Rhinitis.

Dear Doctor Thorne:—My inquiry in the January Recorder regarding treatment of erysipelas brought forth some replies which I shall utilize. I like Dr. Brodnax's brief way of saying practical things. I will give zymotoid a trial on some case of erysipelas as Dr. Arnold suggests. The formula indicates that zymotoid must be an active germicide. I have had very good results in treating most erysipelas cases but some cases, especially the chronic form, I have found very difficult to handle. Sometimes I have had good results from the use of ichthyol ointment and again from the local use of a zinc sulphocarbolate wash. I have cured a number of acute cases by using a lotion of lead acetate and boracic acid and internally pure potassium bitartrate.

I would like to add to your remarks on psoriasis that I consider hydrogen peroxide a good remedy for some cases

of psoriasis and pleasanter to use than chrysarobin.

The Recorder articles on pneumonia I consider very beneficial. I believe in the support which comes from plenty of readily assimilated nourishment. Imperial Granum is a good concentrated food for our pneumonia cases.

I shoulld like you to outline treatment for the following case of a man about 40 years of age. His hearing is slightly impaired and he complains of noises in his ears. His nose has a profuse watery discharge and has some enlargement of the turbinated bodies.

Wisconsin Subsciber.

Hydrogen peroxide has of late been used with very good results as a wash for psoriasis. Dr. Luton, of Rheims, noticed that while applying hydrogen peroxide to one part of the body, the psorisasis improved in other parts. He therefore concluded that it must have a curative action on account of its general as well as local action. He tried hypodermic injections of a serum composed of hydrogen peroxide and sodium phosphate solution and this proved curative. Hydrogen peroxide used in this way or simply as a lotion will doubtless cure some, perhaps many cases, but we do not believe it will prove as certain a cure or as generally applicable as chrysarobin used in the formula given on page 13 of the January Recorder.

The case mentioned above is one of hypertrophic rhinitis, with chronic otitis media. The enlarged turbinates should be reduced with the galvano-cautery. Treatments should be given with a nebulizer which will benefit the nose and ears. The Eureka nebulizer thoroughly medicates all parts of the nose, opens the eustachian tube and inflates and medicates the middle ear. A good galvano-cautery and a nebulizer are necessary in treating such cases.

Glonion is a good remedy in the treatment of hemoptysis,

PNEUMONIA.

(Second Paper.)

Editor Medical Recorder:—

As you invite further contributions on pneumonia in your editorial in the February number of your wide-awake journal, I submit the following, which, if you will accept, you are welcome to place before your readers. This and my paper on the subject in the February Recorder represent my views on pneumonia, which are the result of extended experience.

Pneumonia, as we are all aware, is an inflammatory disease affecting lung tissue, and is divided into lobar and lobular or croupous and catarrhal forms, named from the location and character of the disease, not much different from each other save in extent. It is also unilateral and bilateral. It attacks persons of all ages and is more fatal to the very young and the aged. As now recognized by the highest authority, it is a germ disease and caused by pneumococci germs.

Its symptoms are readily recognized by all modern medical men, and is familiar to every physician who pretends to practice medicine—the hacking cough, then a deeper, more resonant hoarse cough, with the "brick dust" sputa; the pain in the side or sides, the high temperature, rapid, full pulse, and respiration short, suppressed and laborious. On making physical examination, we find the dullness of percussion, crepitant rales and bronchial breathing when we apply the stethoscope or ear. The signs confirm what we at first surmised. Then as we watch the progress of the disease we see the lung tissue pass through various stages, called: 1st, stage of engorgement or congestion; 2nd, red and gray hepitazation, and 3d, stage of resolution. The third stage is marked by profuse expectoration, ending in recovery or else in complete occlusion and

suffocation, with paralysis of the heart, finally ending in death.

That is about the usual course of the disease, although of course complications sometimes arise which we shall not consider here. They must be met always. I formerly thought that pneumonia, like typhoid fever, was a self-limiting disease, but let me differ with you, it is not so. I have seen badly treated cases that were down many weeks, and also have seen them recover in two weeks without any treatment. That led me to believe the disease could be aborted or cut short, and for the past three years I have demonstrated time and again that the disease was not a self-limiting one, but was amenable to treatment, when properly directed, as the following cases will show.

Eddie F—, aged 12. First day found him with a temperature 104°, rapid breathing, characteristic "brick dust" sputa, great pain in right side, both lungs engorged, pulse 130, with great restlessness. I gave viskolein solution, hypodermically 15 minims, and of the viskolein tablets and the viskolein capsules one of each every 4 hours for the first 24 hours. As the bowels were constipated I ordered one teaspoonful of phosoda to be given every 4 hours. The next day found the temperature down to 101 1-2°, pulse 110, and breathing less laborious. I ordered the same treatment continued and gave another hypodermic injection of the viskolein solution of 15 minims. I also ordered a sponge bath once in three hours and cold cloths placed on the forehead and over the heart. The next morning found the temperature down to 99°, pulse 85, absence of all pain, respirations easier, and feeling better in every way. I gave him another hypodermic injection of the viskolein solution, and only the capsules continued as before, but no tablets, one every 4 hours. The next day the boy was convalescing and he made a rapid recovery.

The above is a typical case of pneumonia aborted. I have had many cases very similar, and this is usually my modus operandi with them all. Sometimes I administer a few drops of a solution of nitroglycerine and strychnine with the hypodermic injection of viskolein, when I have a case of very weak heart. I sometimes continue the tablets and capsules together to the end, but I generally discontinue the tablets after the first fall of the temperature to the normal, but continue the capsules to the end always. I sometimes increase the size of the dose—two of each kind—as well as increase the frequency of administration, say, to every 2 hours, but it is not often necessary. Your cases get under control rapidly and yield nicely to the viskolein treatment. This treatment was discovered by me nearly three years ago, and I have successfully used it in my practice ever since.

With the above treatment I can abort any case in the world if there is vitality enough left for nature to assert herself. Let the diet be light, keep the bowels open with phosoda, push the viskolein treatment as above described, give all the cold water the patient desires, use no hot poultice jackets or hot fomentations of any kind; but instead give frequent sponging of the entire body, and my word for it, you can be master of any case of pneumonia that may come your way.

Truthfully and fraternally yours,

Geo. H. Rice, M. D.
Sandoval, Ill.

A bill has been introduced into the Ohio legislature requiring applicants for a marriage license to take a physical examination. Those having tuberculosis or other hereditary diseases will not be permitted to marry.

There are about 60,000 blind people in the United States.

A FEW NOTES.

Dear Doctor Thorne:—The February number Recorder just at hand. I am much pleased with it, as well as with the very interesting articles contained therein. I feel assured that you will make the Recorder a grand success.

I am reminded by Dr. Pratt's article on Gonorrhoeal Ophthalmia to say to you, doctor, should you have a case of that or any other form of ophthalmia, use zymotoid thereon. The results will be prompt and certain, and prove a pleasing surprise to yourself, as well as to the patient. Same with chancroidal ulcers, vulver and anal pruritus, etc.

One thing is certain, any doctor who has the good fortune to discover how quickly, pleasantly and painlessly these distressing maladies yield to the simple application of the zymotoid will never torture a patient with caustic solutions of nitrate silver, chloride zinc, corrosive sublimate, etc., thereafter.

Neither will he paint a bubo or carbuncle with iodine with the forlorn hope of discussing the same, when a wet compress of the zymotoid will promptly abate such inflammation, ere pus has formed.

W. B. Arnold, M. D.,
Rockford, Ill.

The following is from an article in the Cleveland Medical Gazette: "A number of years ago the writer attended a confinement in which mother gave birth to twin babies; the ladies present had prepared string for tying cord by twisting several strands of sewing thread; both cords were tied with this ligature. In about an hour I was called and found that one cord was bleeding, child had lost a large quantity of blood, and died of marasmus a few weeks later. The threads had not all drawn with equal tightness, one had cut through the coat of an artery."

Hemorrhages and ulcerations will both occur as long as thread or cord, no matter what size, is used for ligating the umbilical cord. The use of Dr. Kellogg's funis ring prevents either undesirable complication. The elastic funis ring is the best method for dressing the cord and we recommend it not simply because it is advertised in the Recorder, but because we know its value.

In order to succeed a physician should be a good collector. Every physician does a large amount of charity work for poor people, but he should not give his services to those who can but will not pay. The United States and Canada Mercantile Agency of Chicago are successful in the collection of slow accounts aud make a specialty of collecting physicians' accounts.

Several cases of fatal hemorrhage following the removal of adenoids have been reported of late. The internal carotid is sometimes displaced in these cases so that it is broken or cut into.

Dr. J. M. Mathews, in the Medical Times, says oatmeal sometimes becomes impacted in the sigmoid flexure. He says it should be used sparingly by the aged and those having atony of the bowels.

J. Pean, the great Paris surgeon, died of infections pneumonia, in January. He was sixty-eight years of age and in active surgical practice until the last.

Professor Edwin Klebs announces the discovery of the germ of yellow fever.

Phenocol, one to two grammes daily, is of value in treating whooping cough.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.
WM HALL, Business Manager.

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Original Articles are solicited from our readers We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the author.

Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received.

HALL & THORNE, Publishers,
Janesville, Wis.

CALCIUM IODIDE.

Calcium iodide is not a new remedy but it is receiving more attention recently, than ever before. We have had considerable experience with it for some time, so we present some of its claims for recognition and use and this brief article may be suggestive to some of our readers who have not used it to any extent.

The drug we refer to is the brown iodide, and not the calcium iodide of the U. S. Dispensatory. The latter is a white or yellowish-white powder and does not contain the amount of iodine the brown iodide does.

The brown iodide is a dark brown powder and is a chemical compound of iodine and lime containing a molecular excess of iodine, which is liberated on contact with acids. It was discovered by Dr. J. R. Nichols, of Boston, in 1855, and is now placed on the market by several firms. It can be obtained in the powdered form or in the convenient tablet. An aqueous solution can be readily made at any time from either of these. As a general alterative its action is similar to potassium iodide and can be used wherever the potassium salt is indicated, in doses of one-half to four grains. It does not derange the stomach and is palatable. Some regard it as the equal of potassium iodide in every respect but in our opinion and experience we consider it second to potassium iodide in therapeutic action. It has an advantage over the potassium as it can be given for a long period and the patient will do well on it, as it is tonic as well as alterative.

It is an excellent remedy to give children whenever we wish to give them an iodide. In the various manifestations of congenital syphilis which children have, it gives fine results. It is deemed valuable in the treatment of enlarged bronchial glands, fibroid tumors, phthisis, aphthous sore mouth, boils, syphilis and rachitis. The greatest success of calcium iodide has been in the treatment of membranous croup, for which disease some regard it as specific. For this one-third grain is given every ten minutes until relief and then every half-hour to hour. For this, as well as whenever the local action on the throat is desired, the drug should be dissolved in boiled or distilled water. In all forms of croup it gives quick and sure relief. Dr. E. Younkin of St. Louis in an editorial in a late number of the American Medical Journal speaks in the highest terms of this brown iodide of lime, which he has used for thirty years. Among other things he says: "It has proven to be superior to iodide of potassium as an alterative, never disagreeing with the patient and is almost tasteless. Iodide of potassium is a tissue breaker; iodide of lime is a tissue builder as well as an alterative, and patients will improve in their general health on its use."

Dr. Zophar Case, of Warrensburg, Mo., presented his experience with it in various diseases in the Alkaloidal Clinic, May, 1897. He says in speaking

of membranous croup: "In the twenty-two years I have been practicing, I have tried almost everything that has been recommended for the relief of this dread destroyer of children, and only with very indifferent success until I began to use the iodide of lime six years ago. My success with it has been such as to warrant the statement that it will cure every case in which the remedy is properly used, if the treatment is begun before the patient is moribund, and that, too, so quickly and pleasantly as to be a surprise to everybody, the physician himself included."

Dr. V. E. Lawrence, of Ottawa, Kansas, in the Clinic, January, 1898, says: "There is not the least doubt that the dark iodide of lime is a specific in membranous croup (non-diphtheritic), and if the doctors who have been reading medical journal articles relative to its universal success in the treatment of this most dreaded disease could be made to believe that this statement is true, it would find that their little ones, instead disease; and the doctors and patrons would find that their little ones, instead of going steadily on to a most agonizing death, would recover so easily that the fear of the disease would forever disappear."

"It is one of the most active alteratives, and it is upon this ground that it does its work. It is not at all poisonous and you may use it freely without any unpleasant symptoms."

We trust these remarks will help some of the Recorder subscribers and we hope that we may have some practical reports from some of our readers who have used calicum iodide in their practice.

CHRISTIAN SCIENCE.

From the days of early history, there have been systems of treatment, which have attracted considerable attention for a time and then as their little or no value has been proven, they have passed out of sight and only remain as historic memories. At the same time medicine and surgery has made a steady progress from the days of Hippocrates to the present. Fallacies have been dropped and everything of value has been absorbed, until we have an enormous amount of practical knowledge to rely upon. Today there are fallacious methods of treatment, each with its following, but the end will speedily come to all as it has in the past.

Christian science, osteopathy, so called faith curing and divine healing and many more, will fail and will in the future be in vogue no more than the King's touch or Perkins rings are now.

The Rev. A. H. Barrington recently delivered a course of lectures upon Anti-Christian Cults—Spiritualism, Theosophy and Christian Science. Our readers will be pleased with the lecture on Christian Science, which we have arranged to publish in the Recorder, as it is of special interest to physicians. The entire series of lectures will be published in book form by the Young Churchman Co., of Milwaukee. When the volume appears it will be noticed in our book department and doubtless many of our readers will be glad to read all the lectures.

OUR PREMIUM LABELS.

As we have received numerous inquiries regarding our premium labels we write these words of explanation regarding them. They are of the style and size shown in our announcement in the advertising department of the Recorder. They are well printed on the best quality of gummed paper and can be relied upon to stick. We print them in a pretty blue ink, which makes a very attractive label. It makes a hand-

somer label than either black or gilt work. The size is such as to fit nicely on any bottle from the one ounce to the one pint size.

We send these labels, all charges prepaid, to new subscribers sending one dollar for a year's subscription to the Recorder. The Recorder itself is worth the dollar, but we offer these labels as a free premium in order to rapidly secure a large list of paid subscribers.

We have been asked how we can afford to give these labels. In reply would say that if we had to set up and print a single label at a time we could not do it but by printing them in quantities we are able to reduce the cost on each label. It costs no more for presswork on a sheet of labels than on one label.

Physicians receiving this number who are not subscribers are invited to send in their subscriptions and we can assure them, that for one dollar, each will receive one thousand fine labels and a first-class medical journal for one year.

Musk, tea, ipecac, roses, oats, fish, rice dust, cats, feathers, wood and more recently asparagus have all been cited as exciting causes of asthma. We know a man who cannot come near or handle a rabbit without causing most violent paroxysms of asthma.

Salicylate of methyl is considered a good external application for articular rheumatism. It is applied drop by drop until one to two drachms have been used. The joint is then enveloped in gutta-percha tissue and a flannel bandage put on

The Cincinnati Public Library has taken wise action in refusing to allow books to go into houses, where there are contagious diseases. Books known to be returned from such houses are disinfected.

The new building of the St. Luke's Hospital training school for nurses, Chicago, will be commenced in April. The new building will be a fine structure four stories high and will adjoin the hospital building.

We do not send sample copies month after month to the same individual. The only way to get a complete volume is to become a regular subscriber. Send along your dollar now and you will get full value for it.

Rush Medical College has become the medical department of the Chicago University. Prof. E. L. Holmes has resigned the presidency and is succeeded by President Harper of the University.

Zomakyne is superior in its action to many of the modern antipyretics in several ways, but it is especially valuable because it is not depressing.

Guaiaquin is a new chemical compound of guaiacol and quinine and is said to have the properties of both. It is antiseptic and anti-miasmatic.

Iodopin is a new remedy which, it is claimed is a good substitute for potassium iodide. The same action is obtained with a smaller dose.

An epidemic of typhoid fever prevails at Philadelphia, due to a polluted water-supply.

Nitro-glycerine is of value in some cases of sciatica.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Some practitioners find creosote of value in treating pneumonia.

Potassium permanganate continues to give good results in the treatment of morphine poisoning.

Hyoscine hydrobromate is a very efficient hypnotic. A dose of $\frac{1}{1000}$ grain frequently repeated is satisfactory where cerebral sedation is wanted.

The aseptic dairy is more needed than the antiseptic barber shop. Much disease is caused and spread by the unsanitary condition of many dairies.

Iodoformogen is a new compound of iodoform and albumin. It is a fine, brownish-yellow powder, two and a half times the volume of iodoform, and has a slight acidulous odor.

Zinc sulphocarbolate is one of the best intestinal antiseptics. It is especially valuable in the intestinal disorders of children, Digestive troubles of adults characterized by fermentation, are frequently cured by it.

A severe epidemic of smallpox prevails in Middleborough, England. and over 700 cases have already been reported. This should be a practical lesson to those opposed to vaccination, as this serious epidemic occurs in a community where the anti-vaccinationists have been successful in their opposition. . If these deluded people could have their way, smallpox would again become the same terrible scourge it once was.

The New York Skin and Cancer Hospital opened its new building March 5th. The hospital building contains sixty beds and is well arranged. The institution affords good opportunities to physicians for clinical instruction.

Dr. Trickler says, in the American Medico-Surgical Bulletin, that echincea is a parfect antidote to the poison of the most venomous rattler, centipede, tarantula, etc. The doctor has proven its value in his practice and uses it both externally and internally.

Calcium iodide, in order to give the best results, must be properly prepared and contain an excess of iodine. Billings, Clapp & Co., of Boston, make a preparation which can be relied upon. Physicians not familiar with the valuable therupeutic properties of iodide of lime should send for a supply and give it a trial.

Sir Richard Quain died in London March 12th, at the age of 82. He was born in Ireland but was educated in London, where he has been, for years, one of the greatest physicians. He was Physician-Extraordinary to the Queen, and during his long and busy life held many other positions of honor. In 1891 he became the president of the General Medical Council of Great Britain, this being the highest official position in the medical profession in England. He spent much

time and labor in editing his great literary work, The Dictionary of Medicine. He was a cousin of Richard Quain, author of the Anatomy of the Arteries, and also of Jones Quain, author of the celebrated System of Anatomy.

If you are not already using calcium iodide in croup, do not let your next case suffer and struggle, and perhaps die, with some uncertain treatment but try this remedy and you will be pleased with your success. Many physicians in different parts of the country regard iodide of lime as the specific for croup. Dr. S. H. Britton, of Adelaide, Ohio, says in the last Medical Brief, that he has never had a failure with it in membranous croup. He says:

"Any calcium iodide may be all right, but the one always insisted on is Billings, Clapp & Co., Boston. The prescription is simple—very simple—and not bad to take:

Calcium iodide..12 to 15 grains.
Aquæ puræ..... 4 ounces.

M. Sig.: Half teaspoonful every half hour, or hour, pro ne nata.

(I "shake" this myself, some do not). This prescription is also good for bronchitis and other respiratory diseases of children."

Pneumonia—Dr. Thomas J. Mays has given a large amount of attention to the treatment of pneumonia by local cold applications. He has treated 299 cases with ten deaths, making a mortality rate of 3.35 per cent. He considers the local application of cold the best treatment there is for it. His method is to apply the cold to the chest by means of ice in bags, as early as possible, and keep the cold in contact with the chest until the temperature come, to or near normal and remains there.

In an article in the Philadelphia Polyclinic, Dr. Mays speaks of cold as paramount to any other form of treatment in favorably influencing the engorged circulation in the pneumonic process. He says:

"It is the low temperature that tones up and invigorates the nervous system, that contracts the dilated and tortuous pulmonary capillaries, that gives force and strength to the weakened heart, and that acts reflexly on the heat-centers and so reduces fever."

While regarding cold as the leading therapeutic measure he gives the following as collateral treatment:

"In addition to the local use of ice on the chest, it is important to apply one or two ice bags to the head; to administer strychnin in large doses, not less than $\frac{1}{20}$ of a grain, every four hours, to an adult; to give salines in the form of ammonium acetate and potassium acetate; and in case there is any active rheumatic manifestation, which often exists in a latent condition, to reinforce the action of the salines with the salicylates and colchicum. Morphin should be given to produce quiet and sleep, and quinine for its tonic effects. If a muttering delirium develops in connection with a dry, black, tremulous tongue, we should give tincture of capsicum in liberal doses, from ten drops to a teaspoonful in water every hour or two. If urgent dyspnea is present and fails to yield to the constant inhalation of oxygen, one must not fail to perform venesection. It is always needful to support the patient with an abundance of nourishing food like milk, freshly expressed beef-juice, egg-nog, etc."

The doctor is collecting results of treatment with cold and the report of his labor, when published, will be valuable and interesting. Those of our readers having experience with this treatment would do well to send the results of their treatment to Dr. Mays, 1829 Spruce st,, Philadelphia.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

ANNALS OF SURGERY. Published by J. B. Lippincott Co., Philadelphia.

This is a high-class monthly journal of surgery. A year's numbers make a volume of about 800 pages, which is a storehouse of valuable surgical information. It is illustrated by numerous plates, which add much to the value of the publication. The surgeon who does not take it is missing a large amount of valuable matter, written by the greatest surgeons of the world. The price of the Annals is $5.00 per year, but we can furnish it and the Recorder, with premiums, one year for $5.00.

BOOK NEWS.

Vick's Magazine is an interesting monthly magazine and to every one interested in gardening in any way, it is invaluable. Many physicians are interested in botany and such will find much botanical information in Vick's. Upon request to the publishers, Vick Pub. Co., Rochester, N. Y., a sample copy will be sent, and a free copy of Vick's Guide, also, if desired.

The Journal of Applied Microscopy is a new monthly publication issued by the Bausch and Lomb Optical Co., Rochester, N. Y. The first issue, the January number, is composed of original papers on microscopical subjects and is of practical value to every physician who works with a microscope.

The American text-books published by W. B. Saunders, of Philadelphia, have been very successful. A volume to be issued soon is "An American Text-Book of the Eye, Ear, Nose and Throat," edited by Doctors G. E. De Schweinitz and B. A. Randall.

The Philadelphia Polyclinic has been made the official organ of the Philadelphia County Medical Society and will publish its transactions in full. As a result the Polyclinic, which has always been a good medical weekly, has been enlarged and improved.

The Inter Ocean is one of the best newspapers published. Physicians like it because it does not contain the large quantity of sensational trash which characterizes many newspapers.

W. B. Saunders has sold over 160,000 copies of his Question Compends, which shows they must be appreciated by both students and practitioners.

The American Gynæcological and Obstetrical Journal is an excellent journal on these branches. It is edited by Dr. J. D. Emmett.

Dr. H. C. Wood is now editor of the American Medico-Surgical Bulletin and Dr. R. G. Eccles is the managing editor.

The Clinical Records which the Imperial Granum Co. offer to physicians are well worth sending for.

E. B. Treat has reduced the price of his medical classics from $2.75 to $2.00 per volume.

We know several physicians who have been using viskolein in their practice and are much pleased with it. It is a chemical compound of zinc sulphoborate and kola, hence gives good antisepsis and sustains instead of depressing the patient, the way some of the antiseptics do.

THE MEDICAL SOCIETIES.

The February Recorder contained a report of the Fox River Valley Medical Society. but for lack of space the following interesting banquet program was not published:

Prayer, - - - REV. GRANGER W. SMITH
Toastmaster's Address, - - DR H. B. TANNER
Address of Welcome, - - MAYOR T. B. DESNOYERS
The Relationship between the clerical and medical professions, - - - REV. DR. HEWITT
The Doctor. the Minister and the Lawyer—The first presides at our advent to this country; the second at our departure; while the third sees that we do not smuggle anything across the line, ATTORNEY B. T. PARKER
The Modern Hospital—The only place where the highest art in our profession can be established. DR JAMES S. REEVE
Doctors and Newspaper Men—Misery loves company, - - - - ROGER M. ANDREWS, Editor Green Bay Review
Medicine—The Bride of Law, ATTORNEY M. J. DOYLE

As school differences disappear the subject of one great united medical society of the whole profession in each state is being considered. Such a society in each state would benefit every physician in many ways. Kansas sets a good example by holding a joint meeting of all three state medical societies at their annual meeting this year. It is expected this will result in some needed medical legislation in that state.

The Inter-County Medical Society met at Cumberland, Wis., March 8th. An interesting program was given and a banquet was tendered by the physicians of Cumberland. Dr. W. T. Rinehart, of Ashland, is president and Dr. J. J. Selbach, of Eau Claire, is secretary of the society.

The Western Ophthalmological, Otological, Laryngological and Rhinological Association meets at Chicago, April 7 and 8. The meeting will be of much profit to those attending.

The Wisconsin State Medical Society will meet in Milwaukee, May 4th to 6th. The Wisconsin Society is doing good work and presents a high grade of papers at its meetings.

Bovinine is a valuable therapeutic agent, and those who have not used it yet, should send for clinical literature on it.

The Central Wisconsin Medical Society meets at Madison, March 29th. As usual the program will be practical and interesting.

The indications are that the meeting of the American Medical Association at Denver, June 7th to 10th, will be the largest and best in its history.

We have letters from several physicians who are using Dr. May's goitre treatment and like it.

The latest society is the Chicago Neurological, which promises to flourish and do good work.

Dr. H. D. Shankle offers at a low price, an efficient treatment for gonorrhœa.

We have used Pauly & Pauly's dressings and found them satisfactory.

PLEASED.

Gentlemen:—The labels came today; was more than pleased with same. Can truthfully say that I wish you abundant success.

Respectfully,
Newport, Ky. Chas. J. Kehm, M. D.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. I. JANESVILLE, WISCONSIN, APRIL, 1898. No. 4.

ORIGINAL ARTICLES.

EPILEPSY.

By H. D. FAIR, M. D., Redkey, Ind.

I am aware that this subject has been commented on probably as much or more than any other subject before the professson. Some of the greatest and wisest heads that ever applied themselves to medicine have written column after column, but however there is always a sameness to their discourses and methods of treatment that is to my mind an indication that the disease lacks considerable of being thoroughly understood.

The majority of writers seem to take it for granted that epilepsy requires the same treatment the world over no matter what the cause, condition or effect. This is an unfortunate mistake.

From the earliest history a plan of treatment was recommended and it is still lauded today in spite of recognized unsatisfactory results. There may, for a few weeks or months, be some stir when a new remedy is brought to the notice of the regular practitioner or specialist, but in a short time the profession falls back on the bromides.

Not long ago I saw a statement in one of the leading medical journals of the United States and written by one of our most prominent physicians, which says: "After all, we have no better treatment for epilepsy than the old reliable bromides of sodium and potassium either singly or in combination." If this be true, I pity the poor unfortunate victim of the disease.

Let me enquire of any physician or set of physicians in hospitals or asylums who have had considerable experience with epilepsy and have used this mode of treatment, what has been your per cent of cures in serious cases? Has it been seventy-five per cent? You answer no. Has it been fifty per cent? and again you answer no, and are compelled to admit that it hardly reaches thirty-five per cent. Now, to my mind, a remedy that gives this result is far from being satisfactory.

I have spent the best years of my life studying this disease, visiting institutions where these patients are cared for, and gathering information from every source possible and have been astonished that physicians who are usually keen to arrive at safe conclusions in regard to the minute details and data of every other disease consider epilepsy simply as epilepsy,

no difference whether it occurs in a frail child or robust man. No difference whether the spasms are caused by a scalp wound in an old soldier or by disordered menstruation in a young girl, the patient is dosed with bromide of potassium till the brain is benumbed by the medicine if not already by the disease.

I have treated many patients who conscientiously believe they have taken a barrel of medicine and whose latter condition was worse than the first.

Some time ago I wrote an article giving my experience with verbena hastata as a foundation for treatment in this dread disease and cited one instance where a complicated case of long standing was cured by this remedy alone. I received many letters of inquiry from physicians all over the United States in regard to the same, and they universally became out of patience when I requested an account of the symptoms and cause before I could outline a plan of treatment. Now what does this show? Simply they either thought I was a mind reader or else they thought that climate, cause, sex, temperment, habits, condition and severity had nothing to do with the treatment.

I never have treated two cases exactly alike, but in the last six years I have been successful in seven cases out of ten, and that is a higher per cent than can be shown by any treatment based on the bromides; but I am confident that the degree of success would be materially reduced if I should have treated all alike.

When meeting a new case of epilepsy, I study it as carefully as if it was the first of the kind I ever saw. I analyze the urine and base part of my conclusions on the result. I enquire into every detail that I think could possibly throw any light on the subject, and in doubtful cases give the whole organism a thorough examination. I seldom place explicit confidence in what the patient tells me as I have found some of them to be notorious liars, especially when their trouble is the result of masturbation, excesses or certain varieties of accidents.

Gaining the confidence of your patient is an essential factor; as a rule they are a class who have merely lost courage or have been swindled out of larger or smaller sums of money by quacks and newspaper advertisers who prepare their one kind of medicine in advance which is to cure the patient in northern Canada whose trouble was caused by severe fright as well as the victim under the tropical sun who is afflicted as was his father and grandfather before him.

In regard to verbena hastata, I use the fluid extract and shall continue to do so till I find some better preparation. I have given it in doses ranging from five drops to one teaspoonful, and from four to twelve times in twenty-four hours. It often takes two weeks to regulate the dose to suit the patient, but the result is well worth the effort and I am confident that no physician who has given the remedy a fair trial will have any desire to return to the bromides.

THERAPEUTICS OF CHRISTIAN SCIENCE.

By A. H. Barrington, A. B., S. T. B.

(Second Paper.)

THE SUBJECTIVE MIND.

The Very Reverand Dean Hart, in his examination of Christian Science says: "It is now beginning to be recognized that the human mind is not one uniform and homogeneous machine; it contains wheels within wheels. To the close observer, it becomes evident that parts of the mind are capable of almost independent ac-

tion. It is a common experience with men who are accustomed to speaking in public, that they are conscious of two currents of thought; the lips pronouncing one, and the other part of the mind preparing for what is coming next, or probably making some observation connected with their audience, which shall modify their mode of address. We seem to be aiming at the conclusion that beneath the active surface of the mind, there lies an inactive but recipient mental plane which has been called the subjective mind.*

That this subjective mind does exist, that it receives impressions and retains them, he declares, is frequently "evidenced in the sudden recollection of a series of events absolutely forgotten" and again by the "common occurencewith persons on the brink of sudden death, where the events of their entire life pass before their mental view in rapid panorama."

Swami Abhedananda, the Hindu lecturer on Vedanta philosophy, declares that Christ having "reached the state of mind known to Hindus as samahdi or super-consciousness, there was no pain for Him on the Cross; that the nails excited no more sensibility in His hands and feet than they would if driven into so much wood."† Thus by "concentration of mind," he declares, that "the soul is departed from the mind and freed from bondage to matter." He further says that according to the Vedanta view of Christ, all of us will some day....become Christ, for in every one of us is the pure and sublime soul that shows forth from Him on the Mount of Transfiguration. It needs only to be set free, to connect itself with this cosmic intelligence that stands behind and directs, evolves and projects all these forms of matter that we see."‡ Then he asks: "What do we see in ourselves? First, the body, then behind it the mind, and behind that something that is conscious of them both. One can often separate all three of them in such a manner as to see their difference. This soul or cosmic consciousness behind everything, is able to manifest itself in man more freely than in anything else, because of the more nearly perfect form of his mind and body."‖

THE DOUBLE EGO OR DOUBLED CONSCIOUSNESS.

We turn from this Hindu then, with his ideas of "concentration of mind," something behind both mind and body, this superconscious state and from the subjective mind, to the theory of the psychologist, Max Desson, of Berlin, concerning the "Doppel Ich," or Double Ego. He supposes that human personality is a unity merely to our consciousness, but that it consists really of at least two clearly distinguishable personalities, each held together by its own chain of memories.§

[An illustration is given in the case of one Barkworth, adding up a long row of figures at the same time that he carried on a lively conversation.] His idea is that there is an unconscious intelligence in man and an unconscious memory, and that as consciousness and memory are the two elements of personality, he concludes that there must be a second personality. The mental processes which take place consciously to the man, (says Moll) are called the primary consciousness, and those which go on without his knowledge the secondary consciousness; the action of both together is a state of double consciousness, or doubled consciousness.¶ Two entirely separate personalities in an individual, as though A. carried within himself the personality of B. is not to be supposed. The Double Ego is

*A Way that Seemeth Right, pp. 46-47.
†Lit. Digest, Jan, 15, 1898, p. 81.
‡Lit Digest. Jan. 15, 1898, p. 80
‖Lit. Digest, Jan. 15, 1898, pp. 80-81.
§Moll's Hypnotism, p. 259.
¶Moll's Hypnotism, p, 260.

not to be so conceived, but is only a diagram to indicate the fact that psychic processes may go on within us, unobserved, and often yielding no evidence of themselves except their results.*

HYPNOTIC SUGGESTION.

We turn now to hypnosis, the peculiar state into which subjects are thrown by bringing into play this secondary consciousness. This is entirely a subjective state, by which control is obtained of the physical functions and sensations. Thus the Aissonas of Constantine, Algiers, are able by means of dancing and singing to throw themselves into a state of ecstacy, difficult to describe, in which their bodies seem insensible even ot severe wounds. They run pointed iron into their heads, eyes, neck and breasts without injuring themselves. Behold how the senses may be controlled and by what means.

Now let us understand that this secondary consciousness, which plays so important a part, which Dessoir calls "The hidden half of our mental life;"† which evidently itself brings into subjection the physical functions and sensations, is always amenable to suggestion, whether it be external or auto-suggestion. By suggestion, Moll‡ has reference to the commands given to subjects, the promptings and pursuasions used to influence them. The clearest definition of suggestion is to be found in the Century Dictionary, namely, "The insinuation of a belief or impulse into the mind of the subject by any means, as by words or gestures, usually by emphatic declaration; also the impulse of that which leads to the effectiveness of such incitement," while suggestibility is defined as "the impression on the mind of an idea, image, movement, which the person reproduces voluntarily or involuntarily."§

Let us now take an example of a healing by suggestion.‖ We wish to cure a headache by arousing in the subject the idea that the headache is gone. Spontaneous reflection would prevent this in most waking people, but in hypnosis ideas are more easily established. If the subject accepts the suggestion, we may be sure that, in the hypnotic state, he does not feel the pain. But now we have to prevent the pain after waking. Either external post-hypnotic suggestion or auto-suggestion will do this. We can make the patient continue to think the same is gone after he wakes. He need not be conscious of the idea, in the sense of remembering it. On the contrary, the less conscious the idea is, the more effect it will have, because reflection will not struggle against it. Auto-suggestion is the second plan. The patient, finding himself without pain in hypnosis, may convince himself that pain is not a necessary consequence of his state and this idea may under some circumstances be strong enough to prevent the return of the pain.¶

Furthermore, suggestibility sometimes exists where there is not evidence that the subject is in the hypnotic state. Dean Hart, in the work before quoted, narrates from the British Foreign Medical Review, a case reported by a naval surgeon as follows: "A very intelligent officer had suffered for some years from violent attacks of cramps in the stomach. These attacks came on monthly, or oftener, and subnitrate of bismuth had been used with good results but, notwithstanding that the dose was increased to the largest extent that its poisonous qualities would justify, it lost its effects. Sedatives were again used, but while suffering greatly from the effects of some preparation of opium

*Moll's Hypnotism, p. 260.
†Moll's Hypnotism, p 261.
‡Hypnotism, p. 36.
§See Wolcott's What is Christian Science p. 58.
‖Moll's Hypnotism, p. 346.
¶Moll's Hypnotism, pp. 346-347.

he was told that on the next attack he would be put under the effect of a medicine which was generally believed to be most effective, but which was rarely used because of its dangerous qualities; but that, notwithstanding these, it would be tried, provided he gave his assent. This he did willingly. Accordingly, on the first attack after this, a powder containing four grains of ground biscuit was administered every seven minutes, while the greatest anxiety was expressed (within the hearing of the patient) lest too much should be given. The fourth dose caused an entire cessation of pain. Half drachm doses of bismuth had never produced the same relief in less than three hours. Four times the same remedy was used however with the same result. After that he left the ship."* This leads the Dean to declare that "thought of any given bodily change tends to the actual production in the body of the change that thought suggests."

EXPLANATION OF THE CURES.

We are now in a condition to explain the marvellous cures of functional or even organic diseases whether by Schlatter, the medicine man of the Indians, the mesmeric healer, faith healer, spiritualist, Hindu Gogi, Eastern fakir or Christian Scientist. The principle is one, if the methods vary. With the scientist the patient (subject) is regarded as laboring under a delusion, an illusion, is told that he is not sick, that he has no pain and that he should act accordingly (i. e. as a well person.) Here is the suggestion. (If the subject is not actually hypnotized he is under the influence of hypnotic suggestion.) The tendency is to produce in the body the change that thought suggests.

Now that this, the suggestion, arouses the secondary consciousness, that mighty something within us that controls our sensations and (the senses under abeyance) the body is not racked with pain and in consequence the healing process goes on more rapidly. Then take into account the fact that the mighty recuperative force of nature (the vis medicatrix naturæ,) always at work, must act more rapidly and successfully under these favorable circumstances and we see why the patient may recover without the use of medicine.

EXCEPTIONS.

Whensoever these marvelous cures are made then this is the principle, but it does not always act. In many cases it should not be attempted. Unfortunately for Christian Science, it only makes one exception. It advises the "adjustment of broken bones and dislocations" be left to the fingers of a surgeon, saying, "Christian Science is always the most skilful surgeon, but surgery is the branch of its healing which will be last demonstrated.†"

ITS HARMFULNESS.

As Christian Science makes no other exceptions, its healers who presume to give treatment to the afflicted are an actual menace to a community, because they condemn every other kind of treatment; because they do not presume to diagnose a case; because they spurn anatomy and physiology; because they are grossly ignorant of the power that they possess. We admit in some instances, this treatment is successful, but we also declare, that in certain kinds of diseases, it is worse than useless to attempt it, as is well known to those who understand what this power is by which such healing is brought about. Being incapable of telling when to use it and when not to use it, and so using it indiscriminately, these so called healers become dangerous, a menace to the community. If after having tried it and found it a

*A Way that Seemeth Right, pp. 22-23-24.
†S. & H., p. 400.

miserable failure (not because it is useless, but because its power is abused through ignorance) they would then admit such failure and call in a physician before it is too late, it would not be quite so dangerous. But even so, they should not be allowed to practice it, any more than a child should be allowed to play with a razor. If they do practice and a patient dies through their criminal ignorance and negligence, why should they not be held for malpractice the same as any other practitioner. Again, if this science is divine,* if Jesus Christ practiced according to its rules, if He taught His "students" (disciples) the generalities of this principle, yet they, like the Master, administered to the afflicted without money and without price. But the students of the author who claimed to be "called of God to proclaim His Gospel to this age," i. e., through her book, Science and Health, turn their treatment† to pecuniary benefit and so would seem to put themselves in the class with Simon the sorcerer, who would traffic with the gift of God and was so severely rebuked by St. Peter.‡

CONCLUSION.

We have earnestly and honestly tried to ascertain what there is in the alleged healing power of Christian Science, so called. We have found a principle of action, a principle within man, long used in the East, of more recent discovery in the West, yet bound to be more thoroughly known. which is no more peculiar to Christian Science than to any other of the many mysterious modes of healing. That principle is of benefit in some kinds of ailments and will be found of more use, when it is more thoroughly understood. The principle will remain when the theory of Christian Science is forgotten. As a theory, it is ill conceived, illogical and in some places utterly senseless. But, above all, while claiming to be Christian and to be based upon the Bible, it is decidedly anti-Christian even as its doctrines will be found to be contrary to the truth as it is in Jesus.

*S. & H., p. 41.
†S. and H., p. 11.
‡Acts viii; 18-20

CHRONIC CUTANEOUS ULCERS AND TREATMENT.

By S. C. Martin, M. D., Professor of Skin Diseases in the Barnes Medical College, St. Louis.

The frequent occurrence of ulcers in middle life and the stubborn resistance they offer to the most skillful treatment furnish sufficient grounds for a careful examination of their pathology.

Unless they are the manifestation or accompaniment of specific disease, they are almost invariably seated on the front of the lower leg or behind the malleolus — parts most exposed to traumatisms and least capable of resistance to their injurious results.

Varix is a leading cause in the production of this class of ulcers. The anatomical character of this region is an auxilliary factor, deprived as it is, of adipose and cellular tissue as well as vascularity, so abundantly provided in other parts of the body.

The tissues of the lower part of the leg, ankle and foot, are composed largely of skin, fascia, tendons and ligaments, bound tightly together with a meager, and at times, obstructed blood supply, and yet they have a heavier burden to bear than any other members of he body, especially when it is erect and in motion. The return circulation has also gravitation to encounter, which retards the current and favors the development of varix.

This condition is often aggravated by improper wearing apparel, such as waist bands, garters, corsets and tight shoes, so when everything is consid-

ered, it is a puzzle to understand why chronic ulcers of the leg is not more common than we find it to be.

A small ankle and foot are admired, especially in females, but for a heavy body, large shin bones, and ankles and feet to correspond, contribute more to bodily vigor, if not to symmetry, than the former, and at the same time the comfort of the individual is materially increased.

We can readily understand how weak a man would be with an avordupois of 350 pounds bearing down on feet encased in number 6 shoes, and still the writer has witnessed this very anomaly.

Non-specific ulcers of the leg may be divided into the healthy, indolent, irritable, inflammatory, phagedenic and hemorrhagic.

The healthy ulcer does not need our special attention, except to emphasize the fact that all the other kinds mentioned must be converted into that form before we can hopc to effect a permanent cure.

In our management of ulcers this must be kept constantly in mind. The indolent ulcer, which is a common form, is chronic, deep and excavated with ugly granulations, discharging a thin and bloody pus, with hard, shiny, and irregular edges, often presenting the appearance of vulcanized rubber, not only in feel, but in color. The skin is firmly glued to the underlying fascia, and nearly always destitute of cellular tissue.

Deficient vascularity very often accounts for the slow reparative process in this form of ulcer. Its history, fortunately, is marked by an entire absence of pain. The treatment indicated is first, a thorough cleansing of the ulcer with an antiseptic lotion and dusting its surface with nosophen, which is a 60 per cent. iodine compound, obtained by the action of iodine on solutions of phenol phtalein. The advantage of this preparation over most others of similar constitution is its non-toxic, odorless, dessicative, antiseptic and mildly stimulating properties which render it serviceable in all forms of cutaneous ulcerations. It is an acid, however, which will only exert its antiseptic action by being converted into a soluble form. This is accomplished by its union with the free alkali of the human secretions, lymph and blood. The conditions necessary then for its successful action are a complete removal of crusts and purulent accumulations from the surface of the ulcer. After dusting the ulcer thoroughly, a pledget of absorbent cotton should be applied, over which a small compress of nosophen gauze may be placed, and kept under the uniform pressure of a properly adjusted flannel bandage. No rubber bandages should be applied, for they are always as uncomfortable as a rubber shoe when constantly worn. The dressings usually do not require to be renewed oftener than every two or three days. Internal treatment must not be neglected; alteratives, laxatives and tonics are generally indicated. The irritable ulcer is always accompanied with pain. It presents a grayish surface, irregular, but non-elevated edges, discharging purulent matter, tinted with blood. In this form of ulcer the patient should be placed on his back, with the leg elevated. We should first apply nitrate of silver solution in the strength of 3 or 4 grains to the ounce of water, with the same quantity of tannic acid added, on lint. Subsequently the nosophen powder may be dusted over the ulcer in thin layers, after having added to it an equal quantity of acetanilid to allay painful accompaniments. The cotton nosophen gauze and flannel roller may now be applied as in the indolent form of ulcers. In some cases where the pain and irritation persist, an opium lotion may be temporarily resorted to. Constitutional treatment must be gov-

erned by the requirements of the case and is usually sympathetic. Inflamed ulcer is greatly the outcome of the foregoing forms, induced by over stimulation or mismanagement. It is marked by heat, redness and swelling, with an offensive, purulent and bloody discharge. The treatment is rest of the limb in an elevated position, antiseptic, cooling and evaporating lotions. The inflammation must be reduced before applying the nosophen dressing or bandage, as in the other mentioned forms.

In hemorrhagic ulcers, which are generally a variety of the irritable ulcer, nosophen is particularly efficient on account of its hemostatic and soothing properties. This form of ulcer occurs mostly in females who are troubled with irregularities of menstruation. The proper treatment in such cases is to correct as far as possible the conditions which occasion or aggravate the ulcer, and then pursue the treatment above mentioned.

When there is a varicose complication, our object should be to relieve the dilated vessels from blood pressure. To this end we should resort to the uniform pressure of the flannel bandage. In this condition the blood moves slowly, more oxygen is given off to the tissues; the skin is dark and cold. The flannel bandage furnishes the soft, equable pressure so much needed and restores warmth with comfort to the parts. The skin, where the varicose condition continues long, becomes browny and pigmented, with a tendency to degeneration. By judicious pressure, the normal circulation can in a measure be restored and such results prevented.

The treatment of ulcers cannot be rigidly fixed, but may be outlined and modified according to requirements of pathological conditions.

Have you read our premium offers?

ALKALOIDAL MEDICATION.

(Fourth Paper.)

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, O. T.

ATROPINE.

Atropine is a true alkaloid and is extracted from atropa belladonna, and is the one alkaloid upon which the various preparations of the drug depend for their activity. Therefore its action is in all ways identical with that of the other preparations, except in that the effect is elicited much more promptly and safely when used in accordance with the rules of dosimetry.

The alkaloid itself is but slightly soluble in water, hence the sulfate has the preference for administration. The standard granule contains gr. 1-250. There is also a granule made which contains gr. 1-500.

The writer prefers the smaller granule since it is always possible and even easy to elicit the physiolical action by repeating every 15 to 30 minutes to effect. When an immediate action is desired it is an easy matter to double the dose.

There is also a granule made of atropine valerianate, but since its action is identical with that of the sulfate a separate description of it is unnecessary.

Atropine is a remedy of great power and when aptly applied to a morbid symptom group is capable of performing wonders. Its action upon the glandular system is entirely opposed to that of aconitine, calomel, pilocarpine, etc. While the latter stimulate glandular activity and augment secretion, atropine checks glandular activity and lessens secretion, and consequently retards elimination when considered along the whole range of its action.

In minute dosage, say gr. 1-1000 to gr. 1-4000, it is a vaso-motor stimulant, while in full dosage it is a relax-

ant of non-striated muscular fiber, by this means dilating the capillaries and flushing the skin. Minute doses increase arterial pressure, full doses lower it through dilation of the capillary system. It elevates the temperature, accelerates the pulse rate and is a respiratory stimulant of the first class. The increased frequency of the heart's action is not due to stimulation, but is the result of the drug's inhibitory action upon the peripheral vagi. While the number of beats per minute is increased there is a corresponding decrease in the strength and volume.

In small doses it increases intestinal peristalsis and hence it is a component of many favorite aperient pills.

Atropine is well borne by children, as is in fact the whole mydriatic group, of which group it is the most prominent member. It is one of the active alkoloids which is not subject to Shaller's rule of dosage for children. I have found it safe and satisfactory to double that rule, i. e. two granules (of gr. 1-250 each) for each year of the child's years of age and one for the glass in twenty-four teaspoonfuls of water, of which solution a teaspoonful may be given every 20 to 30 minutes to effect.

Atropine is one of our most useful remedies in all spasmodic affections, as whooping cough, asthma, dysmenorrhoea when due to a reflex spasmodic contraction as in the so-called uterine colic. In all affections of this nature a full physiological effect is to be arrived at as evidenced by the production of dryness of fauces, redness of skin and dilatation of pupil. This may invariably be secured by giving one granule (in solution) every 10 to 20 minutes to effect, then less often as required. The fact that as a rule blondes are more sensitive to the drug than brunettes should not be forgotten.

In whooping-cough two daily doses will be found to act better than frequently repeated small ones. To ascertain the quantity necessary for a full dose in a child, administer teaspoonful doses of the solution, as given above, frequently until its effect is observed, then count the number of teaspoonfuls given and give this much at one dose morning and evening. The amount for each individual case must be determined in this manner, the results obtained will more than repay the trouble. A marked diminution in frequency and severity of attacks will be observed at once in the majority of cases.

As may be inferred it is of the most value in those cases of asthma accompanied by free secretion. It frequently adds to the distress of those cases where, as Bartholow says, "The skin is dry and hot and the bronchial secretion scanty and the pulse is much accelerated."

In all internal haemorrhages it is the most valuable drug with which the writer is acquainted and for this purpose combines well with aconitine, pushing both to a full physiological action. It is neglected, perhaps, more along this line than any other, the average physician giving the preference to the coarser and less efficient so-called haemostatics. By all means do not forget this in your next case of pulmonary or uterine haemorrhage. Do not forget that in those cases of periodic haemorrhages from nose, uterus, or kidneys you may actually make them miss by the hypodermic of atropine gr. 1-60 to 1-80 given just before its appearance. Atropine will surely cure your case, after ergot, sulphuric acid, gallic acid, etc., have all failed, if the case is amenable to medical treatment at all. The writer has relieved the haemorrhages due to fibroids of the uterus with atropine when everything else medicinal had utterly failed to even modify them.

A few weeks ago the writer was called to attend a case which so aptly

illustrates the point that he cannot resist the temptation to briefly interpollate it here.

Mrs. D. aged 50—A woman of spare habit, said to have been passing the "change of life" for 3 or 4 years. During this time she has suffered frequent severe and protracted haemorrhages, scarcely gathering strength from one attsck to another. She was in no condition to be examined; so yielding to her urgent solicitation to postpone examination until she should be in better condition I decided to attempt to control the metiorrhagia, which was very profuse, and examine for cause later. Large doses of erget were prescribed; this doing no good, gallic acid and hydrastin were substituted. After 48 hours and the patient nauseated and no better, thfs treatment was withdrawn and one granule of atropine and aconitine were given together every 30 minutes until the effect was plainly appreciated, from which time the haemorrhage rapidly until by the end of 24 hours it was well under control.

The result pleased both the patient and doctor, as it was pleasantly and expediciously arrived at in contrast with the uauseating and massive doses of the preceding treatment. The contrast was so great that the patient exclaimed: "Doctor, why did you not give me the little pills from the beginning, instead of that nasty stuff that did no good?" And why not?

Atropine has some reputation in the treatment of torticollis by injection into the substance of the affected muscle or group of muscles.

The night-sweats incident to any of the exhausting ailments are promptly relieved by it. For this purpose 4 to 6 granules should be given at bedtime. This dose may be repeated in the night, if it should prove insufficient. Atropine relieves these colliquitive and exhausting sweats by and through its power over the secretory function of the glandular system. For local sweatings it will also prove efficient, applied topically in the strength of from 1 te 3 grains to the ounce of water.

Because of the stimulating action of minute doses of atropine it will frequently dissipate local congestions, especially congestive headaches, but for this purpose it must be used with fine discrimination, both in regard to diagnosis and dosage.

Atropine is the most efficient systemic remedy we have for stomatitis, either mercurial or due to any other cause wherein secretion is free.

A congestive chill may be aborted by giving a single large dose a short time before the chill is due, and even though given after the chill is in progress, atropine will mitigate its worst features and lessen its duration. If given while the chill is in progress it should be hypodermically to insure absorption. In all dangerous cases of this class and most of the chills of the congestive type are urgently dangerous, it is the safer plan to use the remedy hypodermically, and to such it will be "heard from."

Acute coryza, accompanied by a free discharge, can be aborted if a dose of 4 to 6 granules (gr. 1-500) be given soon enough. Or it may be taken one granule at a time frequently repeated until the desired effect is obtained.

Atropine is of value in all lung troubles where there is free secretion from the mucosa, as in so-called bronchorhoea. Especially is it of value in the latter stages of capillary bronchitis of children, where the secretion comes so thick and fast that the little patient cannot raise and expell it and is threatened with "drowning in his own secretion."

It has no equal as an all around remedy for incontinence of urine, particularly of the nocturnal variety, of children. This trouble not infre-

quently is due to a hyperaesthesia of the neck of the bladder. Shaller explains its action by attributing it to a local effect as atropine is eliminated through the kidneys. Personally, I believe that in part, at least, its action is systemic, while not ignoring the local action also. Atropine for incontinence should be given in one physiological dose at bedtime, previously determining how much this is by the method heretofore described.

By virtue of its power to stimulate respiration and accelerate the pulse rate it is one of the most valuable remedies we possess to counteract shock and collapse from any cause. Bolles gives the indications for its use as follows: "In excessive collapse with failing pulse and respiration, with reduction of temperature and cold perspiration life is in danger and atropine may be the means of saving it. There is no other remedy which so completely antagonizes these symptoms."

Atropine is the physiological antagonist of opium, and for many years has been the main reliance of the profession in combatting opium poisoning. There can be no question of its value here, however permanganate of potassium seems at the present time to be bidding for its place. It seems to me that there is a field for both. Permanganate is probably a chemical antidote and probably so acts in the blood and tissues, while the atropine physiologically antidotes it.

In cases of delayed and imperfect eruptions of the exanthemeta give atropine. The modus operandi is here the same as is manifested in its controlling influence over hemorrhages—that is to say it flushes the capillaries and increases the heat of the integument. Thus in the one case the increased temperature and more active circulation favor the eruption, and in the other case the blood is diverted from the bleeding point or organ. Its action is essentially favorable in those exanthems attended by profund depression.

Atropine is the only drug to be depended on in the treatment of iritis. Use it in solution of from 2 to 10 grs. to the ounee of distilled water by instillation. If begun before adhesions between the iris and lens have formed the cases of iritis are rare indeed in which a cure is not effected. Even if the affection be due to a specific infection atropine must be used while the system is being brought under the proper remedies, if sight would be saved. Sometimes after adhesions have formed atropine may be able to break them up by using stronger solutions, always, however, bearing in mind the possibility of systemic effects from absorption. The action of atropine in iritis is largely meehanical. Iritis endangers vision because of the formation of adhesions between lens and iris, the resultant of the inflammatory process. Atropine, by dilatation of the pupil, withdraws the iris from the convex center of the lens where it is possible for it to touch, to a circumference where it cannot do so because of the mechanical formation of the parts. To obtain the full measure of its benefits a condition of extreme dilatation must be maintained.

Atropine should not be administered to nursing mothers unless it is the intention to dry up the milk secretion. It may be used for this purpose both internally and locally of the strength given above in ointment or solution. If in ointments preference should be given to lanolin instead of vaseline, as a base, because of the demonstrated fact that the former is freely absorbed through the cutaneous surface, while the latter is but slightly so. When used locally as a wash, ointment or eye-drop, the patient should be informed of its systemic action so as to be on the lookout.

Atropine is an invaluable remedy in the later stages of cholera infantum. It should be used hypodermically in combination with morphine, in small, frequently repeated doses. The addition of glonoin will not come amiss, as collapse is usually severe. These are desperate cases and have always been considered hopeless under the old regime, and the remedies should be pushed to effect, no matter how much it takes. By this means not any inconsiderable number of these apparently hopeless cases can be saved.

In these later days, when the physician is armed with his hypodermic needle it is his duty to stand by his patient nntil he wins out or death relieves him.

Any of the alkaloids may be used hypodermically.

(To be continued.)

INFLUENZA.

By R. L. Patterson, M. D., Sturgeon, Pa.

These practical suggestions on epidemic cold or influenza are the result of experience and may be of use to Recorder readers. Influenza is a continued fever, occuring generally as an epidemic and is due to a specific cause. It is characterized by catarrhal inflammation of the respiratory organs and sometimes the digestive organs. It is always accompanied by nervous symptoms and marked debility.

The onset is sudden, a chill, followed by fever, temperature reaching from 101 to 103 degrees, with decided shooting pains in the eyes, and frontal sinuses, joints and muscles. The chill and fever are rapidly followed by chilliness along the spine. pain in the throat, coryza, sneezing, watery injected eyes, dry, irritable cough,—laryngeal and sometimes bronchial. There is disgust for food, pasty tongue, and diarrhoea in some cases. The pulse is quick and compressible. The duration of the disease is usually five to seven days.

Treatment.—First a heaping teaspoonful of Abbott's saline laxative. For the respiratory symptoms the following:

Ammonium Chloride.....dr. ½
Syrup Scilla.....oz. 1
Syrup Prunus Virg..... oz. 1
Syrup Tolu.....oz. 1
Elixir Paregoric.....oz. 1
Maltzyme (plain).....oz. 4

Mix and give two teaspoonfuls every 2 or 3 hours for an adult, children in proportion to their age.

The vehicle named in the cough formula is maltzyme made by the Malt-Diastase Co., 1 Madison Ave., New York.

For the febrile symptoms
Febrilene.....oz. 4
One teaspoonful every 4 hours.

This treatment has also served me well in about 200 cases of measles.

Dr. Patterson has becn successful in treating influenza. Success is what we are working for and we want to know the methods by which others attain their successes. Dr. Patterson's formula will be found to be of general value as an expectorant mixture. The large amount of maltzyme it contains adds to its value in several ways. The maltzyme is a nutrient and sustains and nourishes the patient through the sickness. It contains a large proportion of diastase, which makes it specially useful where the stomach is weak and irritable. Dr. Patterson's treatment combats the disease by being laxative, expectorant, tonic, antipyretic and sedative.—[Ed.

The Recorder makes very favorable club rates with other publications both medical and literary.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

A SURGICAL REPORT.

Recently I attended a case of a boy who was cutting down trees in the woods. One of the trees caught on an other and trying to loosen the tree that was fast, the tree suddenly caught the boy near the knee cap of the left leg and tore a semilunar skin flap about five inches long and four inches wide, clean to the bone, leaving the whole inside of space below inner side knee cap bare.

He managed to get to the house not far away, where I found him several hours afterwards. The wound was anything but aseptic, his dirty pantaloons having come in contact with the surface of the wound and to stop the bleeding they had tied a dirty rag around the leg.

I cleaned the wound thoroughly with a solution of pix-cresol first and then with zymotoid, brought the edges together and united with silk worm gut, and applied a dressing of zymotoid on gauze. To my surprise I did not have one bit of sloughing or suppuration in this case, after such chances of infection before the wound was seen and cleaned. It healed rapidly and well under the moist gauze rendered so by zymotoid.

This winter I have been using it in a case of chronic leucorrhoea, saturating the tampons with boracic acid, glycerine and zymotoid with excellent results.

During the last year I have been using zymotoid and find it one of the best things I can use in any condition where it is indicated, and it never fails. It deserves the confidence and use of every physician. It cannot be surpassed by anything and it is a lasting monument to Dr. Arnold who introduced it to the profession. I have never tried it in diphtheria or erysipelas simply because I have had no cases since I commenced using it.

As an eye wash it is an ideal dressing in all inflammations, and it is non-irritating and goes to the spot. Its utility and field is unlimited, and its non-toxic, non-irritating effects are ideal qualities that must give it just recognition wherever used. I see Dr. Thorne is a friend of it. He knows a good thing when he says so.

I must say The Recorder is a bright, up-to-date journal and I wish it success.

S. D. Sour, M. D., M. C.
Princeton, Minn.

Dr. Sour is one of our contributors, who always has something of value to offer from his experience. The paper which the doctor had in the February Recorder has been a help to some of our readers. Whenever you have an interesting case, if you will write a report of it and send it to us, it will help others in their work.

CHRISTIAN SCIENCE.

Dear Doctor Thorne—The March Recorder is at hand and I am pleased with it. I like Dr. Blesh's and Rev. Barrington's articles very much. I present some ideas on medicine and Christian Science and if further explanation should be desired, I am willing to give it, in "true" Christian logic and comprehensive style.

In our days, where science is heard of in every corner, it is well to take a square look at matters. The phenomenon of the present is produced by natural causes. Medical materialism needs a good shaking up, showing it back to the Menos Hippocratis so utterly neglected

for the study of psychopathy, mainly in hysteric persons. Anatomy and physiology are utterly necessary as auxiliaries, but without psychopathy they are void of the principles of life—a "stiff," as the student says. The human being (not the dog so often vivisected) consists of a body, soul, as a medium, and mind (menos, nous) as a guide. The soul giving life through the blood (3d Book of Moses, chapter 17, verse 14) and by the blood, refined in the capillaries is the vis medicatrix, or rather the vis conservatrix and why? Because as soon as the soul leaves, the body begins to decay and not before.

Two extremes meet; the so-called science, chuck full of mind, and the medical materialists, without the psyche.

Both are inert, if the healing of a human being is in question.

The materialist, seeing nothing but the body, is very apt to fall. On the other hand Mrs. Eddy, and other good women, see nothing but "mind." Why not, be sensible, and not warm up an old hash so often recorded in the medical history. The oldest record we have of real scientists—and a good one it is, is recorded in the Vedanta Sacra, a book as old as the Book of Job. Up to this point all is well, "because the cure is the end looked for."

To call the present outbreak of mental delusion Christian Science is blaspheming. I am only 73 years old, and have seen two of such eruptions in France and Germany, but there was no blaspheming, it was simplicitas mentis. To misconstrue a book like the Bible, to mislead the simple-minded is not very honorable. St. John wrote his beautiful gospel against that kind of scientists A. D. 90, of the Christian era.

The following definition, from the Vedanta Sacra, of a Guru, which is the oriental term for a professor or teacher of the occult science, is of interest, while discussing this subject:

"The true Guru is a man who is familiar with the practice of every virtue; who, with the sword of wisdom, has lopped off all the branches and cut through all the roots of the tree of evil, and, with the light of reason, has dispelled the thick darkness by which he is inveloped; who, though seated upon a mountain of passions, meets all their assaults with a heart as firm as a diamond; who conducts himself with dignity and independence; who has the bowels of a father for all his disciples; who makes no distinction between his friends and his enemies whom he treats with equal kindness and consideration; who looks upon gold and jewels with as much indifference as if they were bits of iron and potsherds, without caring more for one than for the other; and who tries with the greatest care to remove the dense darkness of ignorance, in which the rest of mankind is plunged."

The following clipping is to the point and may interest your subscribers who are reading the Christian Science articles in the Recorder:

"But alas! our modern self-styled 'Messiahs,' 'Hierophants,' 'Adepts,' 'Gurus,' etc., have little or nothing in common to present as compared with the precepts from the oldest passages in the Brahminical books. Modern 'Messiahs' and 'Gurus' have a constantly increasing thirst for the almighty dollar, several of them being nowise particular whether they get the pounds, shillings, and Pence, by fair means or foul, and display a somewhat intolerant pride in the morality they so glibly preach to those who go under their 'Healing Instructions' and 'Paid Training!' One of the most prominent of those 'Mental Healers' has the effrontery to charge three hundred dollars for a three-week's course of lessons!

When *will* human humbug vacate her seat and allow wisdom to take her place?"

Dr. F. A. Beckel,
Sheboygan, Wis.

TYPHOID FEVER.

Dear Doctor Thorne—I take pleasure in reporting to the Recorder the following case from my practice:

I was called on Sunday, December 19, to see Mr. W. C., age 23 years. On my arrival the following history was given: About the 17th of November the patient came home sick, had had a chill followed by fever with symptoms of a bilious or remittent character. Autotoxemia had developed rapidly and marked typhoid symptoms were present for three weeks previous to my taking charge of the case. During the first period of his sickness the bowels were tympanitic, diarrhoea succeeded by constipation with very little clotting.

From the time typhoid symptoms developed there was extreme prostration with delirium; picking at bed clothes; twitching and jerking of the muscles of the face, arms and legs; hallucination, teeth covered with sordes; tongue coated brown, dry and fissured. This is the condition I found him in with pulse 60, temperature, subnormal, 97½ degrees; hands and feet warmed with difficulty; radial artery would roll under the finger and pulse was easily pinched off.

The patient had been treated by three physicians who had pronounced his case hopeless.

The important features of this case was the subnormal temperature, but I reasoned by parity as follows: If viskolein will reduce the temperature by destroying the germs of the disease, will it not also raise the temperature to normal through the same modus operandi? I promised but little to the friends, but proceeded to treat the patient as follows:

I injected 8 minims of the viskolein solution every 12 hours and ordered 6-grain doses of the powder given every 4 hours. The treatment was begun at 1 P. M., at 4 A. M. the following day delirium was less marked, tongue was moist and had commenced to clean off; muscles were quiet and no more picking at the bed clothes, delirium entirely gone; rest natural and the secretions from the skin and kidneys established after the third injection.

From this time on the patient made an uninterrupted gain, terminating in complete recovery. Viskolein was the only treatment used, except P., D. & Co.'s nitro-glycerine compound B, one tablet being given every 6 hours to support the heart; a mouth wash of carbolized glycerine and Maltbie's pepsin compound to aid digestion.

If any failures are experienced with the viskolein treatment faithfully used as recommended I am satisfied that an analysis of the cases will discover some complications operating as a direct cause of failure, and, if taken in time, and corrected by appropriate subordinate treatment failure would be turned to complete success.

There is no doubt that the typhoid bacilli were rapidly and completely destroyed by the introduction of the viskolein solution and powder. I have since used it in several cases of bilious fever with complete success.

T. A. Humphreys, M. D.
Kissee Mills, Mo.

SATISFACTION.

Our subscribers express satisfaction with the Recorder and it is a satisfaction to us to know they are pleased. The fol-

lowing is a sample of the letters we receive:.

I was delighted with the February number of your journal. It was full of good things and leads me to anticipate a very pleasant year with you. Yours very truly, WM. L. JOHNSON, M. D.
Uxbridge, Mass.

Many of our subscribers think it wonderful that we give the premiums we do. Upon receiving their premium labels many write us something like this:

The labels were this day received and are very satisfactory. I thank you for the same. Yours very truly,
H. D. FAIR, M. D.
Redkey, Ind.

THE ANTISEPTIC BARBER SHOP.

The antiseptic barber shop is coming and in the not far distant future the barber will give as much attention to antisepsis, in his work, as the surgeon of today does in his. Undoubtedly many diseases, both local and general, are transmitted by the barber's tools. The barber should thoroughly sterilize all the things he uses and his hands, after every customer. There is beginning to be a popular demand for antiseptic barbering and antiseptic barber shops in several large cities are doing a flourishing business. The barber in any community who understands and practices antisepsis will find that it will pay. We welcome the antiseptic barber as another evidence of the progress of the age.

GROWING.

The Recorder is rapidly growing in every respect. New subscriptions are coming in daily and we now send copies all over the United States and to Canada, Mexico and Europe. The members of the profession, both in large cities and in the country, appreciate a medical journal which is practical and original. The generous support which we have had from subscribers, contributors and advertisers has enabled us to make the Recorder what it is. If our subscribers will speak a good word for the Recorder to their friends, we can soon carry out plans, which we have for enlarging and improving the Recorder.

The following from the American Medico-Surgical Bulletin presents a new, novel and perhaps valuable method of removing a foreign body from the bronchus: "Rev. hebd de L., d'Otol. et de Rhin. (No. 1, Jan. 1, 1898) gives Dr. E. Peyrissac's detailed account of the removal of a plum-pit from the left bronchus of a young man of 18 years, by having recourse to the reflex excitation produced by injecting several cubic centimeters of cold water through the larynx into the trachea, other means having failed. Tracheotomy and laryngotomy were prepared for. Instructions were given the patient to restrain inhalations after the use of the cold water and to give all the force to the cough induced. A preliminary trial elicited no adequate reflex. A large injection resulted in the expulsion by means of a forceful cough of the plum-pit surrounded by muco-pus.

A good many physicians do considerable tooth extracting and they will find Dr. Dunn's dental fulcrum a great aid. A tooth can be extracted much easier and quicker when the fulcrum is attached to the forcep.

The German Reichstag is considering a measure to make it a criminal offense for a person to communicate any venereal disease to another.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.
WM. HALL, Business Manager.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers,
Janesville, Wis.

ATHLETICS.

In order to have the perfect man, it is necessary to develope the body as well as the mind. The young people, of any nation, make the best men and women where attention is given to the production of as perfect a condition of the body as possible. When Greece and Rome were at the height of their power and glory, great attention was given to athletics. Athletics, practiced with moderation and judgment, are invaluable to any college or community, but the extremes to which athletic games have been carried in some of the colleges of today demand a stop. Base ball and foot ball are played so roughly, that young men are crippled for life. We have seen young men with their hands so injured from these games that they were incapacitated from following the vocations they were adapted for.

The following from the Philadelphia Medical Journal is worthy of consideration and suggests that foot ball should be played in a different manner and with a different spirit:

"The perils of football have been many times illustrated by serious accidents which have occurred all over the world, and the death-roll due to the popular game must now be a considerable one. But, as far as we know, until a few days ago it had always been understood that injuries received during the progress of the game were the results of accident, not of malice; so that if the worst happened and the injured man died it was customary to express deep sympathy with the person who had caused the injury, inasmuch as the remorse at finding himself the agent by whom a fellow-creature had been suddenly cut off constituted a punishment very hard to bear for an unwitting offence. But at Leicester, Eng., recently, a jury took a totally different view of the matter. Under the express direction of Mr. Justice Hawkins, the oldest and in many ways the most respected tenant of the British Bench of Judges, a verdict of manslaughter was returned against a lad named Moore, who had caused the death of a young man named Briggs by charging him on the foot ball field with unnecessary violence. The verdict seems to have been influenced by the fact that since the fatality another lad, a member of Moore's own club, had been killed on the foot ball field, showing that the game as played by the club in the neighborhood was dangerous in principle; but nevertheless, it is a verdict which has met with widespread approval, so savage have recent development of the game become. Moore was immediately discharged upon sureties being forthcoming for his good behavior, but in future players convicted of using unnecessary violence will assuredly be rigorously punished."

EPILEPSY.

The article in this number, by Dr. H. D. Fair, will be found to be of great util-

ity. Dr. Fair is a specialist in the treatment of nervous diseases and has devoted much time to the study of epilepsy, so that his words carry the authority which comes from experience,

The use of verbena hastata or blue vervain in epilepsy will doubtless be new to some of our readers, but it is a remedy worthy of more extended use. The fluid extract is the preparation generally used, as Dr. Fair states. The action of it depends upon an active principle, verbenin, which is prepared in 1-5 grain tablets.

The treatment of epilepsy has always been more or less unsatisfactory, but if our readers will improve the hints which Dr Fair gives, we think they will get better results. We shall be glad to have our readers express their views on epilepsy and its treatment We shall be especially pleased to receive reports from those who have used verbena hastata.

THE WORK OF THE MEDICAL SOCIETIES.

Viewed from every standpoint, it pays any and every physician to belong to medical societies. In a social way it does every doctor good to meet his professional brethren at these meetings and find out how many really good fellows there are in the profession. The societies all contain bright practitioners, who present the results of their work and their best thoughts at the meetings, so that those who attend always find their scientific and practical knowledge increased. It pays in practice, as the doctor goes home from the society meeting, puts to use the hints he has received and gets better results and increased patronage and revenue.

Our profession, surrounded by many difficulties, needs efficient legislation, and the only way to obtain it is a united profession. Every physician should belong to some society and all the societies should work together for the greatest good of the profession. We can learn a lesson from the pharmacists, wao stand solidly together and whenever they enter legislative halls they generally get about what they ask for. There is no good reason why the medical societies of all the schools should not work together in harmony for the common good. The meetings of different state societies are now being held, to be followed soon by the national meetings. Join the societies, doctor, and give your assistance and they will help you and the whole profession. Our medical societies are doing good and we should support them and do what we can to improve them.

THE PREMIUMS.

The inquiries which we receive regarding our premium labels, make it necessary to again give a few words of explanation. To any new subscriber sending a dollar for a year's subscription we send one thousand labels. These labels are of the best quality, well gummed and printed with blue ink and are sent postage prepaid. Everyone is pleased with the labels and many are surprised at the fine grade we give. Our thermometer and fountain pen premiums are also very satisfactory.

The best way to send us money is by money order, draft or registered letter, which cost little and are safe. It is very convenient to put s dollar bill in a letter and we receive many, but there is always danger of loss, whereas the other methods are absolutely safe.

The report is that a flourishing business in cadavers has been done at Memphis, Tenn. The corpses were shipped north in boxes marked "books."

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Yellow fever prevails at Rio de Janeiro.

An epidemic of measles and influenza prevails in London.

Aconite and conium hydrobromate are both of use in tinnitus aurium.

Manganese binoxide is useful in treating menstrual irregularities of all kinds.

Dr. McNeal's preparation for the hair is used and recommended by a good many physicians.

The Chicago Medical Women's Club is ready to furnish nurses and surgeons for the war.

Brenzcain is a late preparation which claims to have all the virtues and none of ills of guaiacol.

The Turkish government has adopted the metric system as its standard of weights and measures,

Landerer claims to be getting some good results treating tuberculosis with injections of cinnamic acid.

Duke Carl Theodore, of Bavaria, has been spending the past winter in Algeria and while there has performed many cataract operations for the Arabs.

Mrs. Ernest Hart is collecting material and will write a biography of her late husband, the distinguished editor of the British Medical Journal.

Eythrol tetranitrate has a therapeutic action similar to nitroglycerin. Its explosive nature is also similar, as concussion or heat causes it to explode.

Naso-pharyngeal catarrh causes stomach and intestinal diseases by swallowing the secretions, the micro-organisms of the naso-pharynx invading all parts of the gastro-intestinal tract.

Dr. T. A. Woods, of Dexter, Ga., uses Dr May's method of treating goitre, and in a late letter says: "Annie W, aged 16, has been troubled two years with goitre and is now cured by the treatment."

Heart failure frequently occurs in la grippe and pneumonia, but can frequently be prevented by nourishing and sustaining treatment. Imperial granum, bovinine and maltzyme are all valuable in keeping up the strength and preventing this undesirable condition.

Every physician has use for a good fountain pen, but the fountain pens which are satisfactory are few in number. The Badger fountain pen is as near perfection as possible and is perfectly satisfactory. The value of a fountain pen depends upon its feed and the Badger has a feed which gives a perfect flow of ink without blotting.

There are 4,025 medical students in New York State.

Dr. Heneage Gibbes is now health officer of Detroit.

Guaical valerianate is useful in the treatment of tuberculosis.

Haematherapy, by means of bovinine, is giving good results all over the country.

We have ready for early publication a number of unusually good original articles.

Sodium phosphate has been used successfuly, of late, in treating exophthalmic goitre.

Ernest Hart left a personal estate of about $80,000.00, the bulk of which he left to his wife.

No obstetric outfit is complete without Dr. Kellogg's funis ring applicator, which saves time and trouble.

The small-pox epidemic still rages at Middlebo ough, England. Over 1,300 cases have now been reported.

The viskolein treatment of fevers is meeting with continued success. It is in accordance with modern ideas of pathology and treatment.

In an article in the Medical Press, the writer says: "It is computed that there are 26,500,000,000,000 cells in the adult human body, of which 4,000,000,000,000 are fixed and 22,500,000,000,000 vagrant.

Milkine is made of milk, cereals and beef and is a reliable food. It is prepared in the powdered form and also in tablets. Recorder readers will receive valuable samples free if they will write for them.

Hot air is becoming a recognized method of treating acute and chronic tubercular, rheumatic and allied conditions of the body. The International Annual for 1898 speaks very highly of the Betz hot air apparatus in the treatment of this class of cases.

Dr. Thomas J. Mays, of Philadelphia, uses the following mixtures for coughs:

Tr. benzoin comp.	oz. ½
Fl. ext. euphorbia pil	oz. ½
Tr. capsicum	dr. 3
Syr. senega	oz. 1
Spr. hydriodic acid, q. s	oz. 4

One teaspoonful in water every three or four hours.

We have always supposed that calomel or mercurous chloride was converted into corrosive sublimate or mercuric chloride, when given with chlorides or acids. The chemist, Javanne, now asserts that after repeated experiments the calomel is unchanged. He has tried experiments in the labratory and on dogs and has given calomel many times with acids, and has not found any chemical action.

A successful treatment of epithelioma is the injection of a five minims of absolute alcohol and twenty minims of bovinine. This injection is repeated every few days and a dressing of iodoform and bovinine applied. If this treatment is used for about a month the epithelial growth separates itself from the surrounding healthy tissue and is easily plucked out.

Dr. John P. Maynard died recently at Dedham, Mass. He discovered collodion and successfully proved its value in 1847.

Xeroform is a new non-poisonous, non-irritating antiseptic for both internal and external use. It is useful in burns, ulcers, eczema, etc.

Nashville is to have a new hospital, one of the finest in the south. New buildings costing $100,000 will be built by the Sisters of Charity.

Tribromsalol is a new compound of bromine and salol, which promises to be a useful therapeutic agent. It is used in rheumatism, nausea, and insomnia.

It pays to always have ready a supply of a reliable preparation of calcium iodide. It may save the next case of croup, for which it is considered a specific by many.

Nursing mothers need a most nourishing diet and it is often difficult to supply the necessary and right nourishment. Physicians find Imperial Granum very often to be just what is need in such conditions.

Galvano-cautery dissection is an operation applicable to a majority of cases of hypertrophied tonsils and can be performed with scarcely any pain and is satisfactory, safe, efficient and permanent in its good results.

Every physician has use for such an apparatus as the Eureka Nebulizer in practice. The nebulizer is a necessity in treating diseases of the ears, nose, throat and lungs and this one is very satisfactory and is sold at a reasonable price.

Dr. Frick, of San Francisco, says that a sure preventive of vomiting after anæsthesia is the inhalation of acetum aromaticum. A handkerchief is saturated with it and the patient inhales it as soon as the anæsthetic is discontinued.

Tenaline is a new preparation of the alkaloids of the areca nut. It is considered a safe and efficient vermifuge and causes expulsion of the head as well as segments of tape-worms. The dose is one minim for each pound of body weight.

The dispensing physician wants good reliable preparations on his shelves. The Maltbie Chemical Co., of Buffalo, make a large line of pharmaceuticals which can be depended on. Their fluid extracts, compounds, pills and tablets are unsurpassed.

Dr. Zakharin, who died recently, was one of the greatest physicians of Russia and of the world and became well-known as the physician of the late Czar. He began his life as a butcher's boy and after entering the medical profession rose rapidly to eminence.

The new pure food law of Wisconsin is invalid in its relations to impure drugs and patent medicines. The attorney general has given an opinion, that the law, as it stands, is inoperative against medicines, which are not dangerous to individuals in single doses. Dr. U. O. B. Wingate, secretary of the State Board of Health, says: "As we know of no patent medicine which would be harmful when taken in single doses it is apparent that the board can do nothing. A medicine can hardly be deemed dangerous to the

public health on the ground on which the new statute is based; it may be dangerous to individuals, but that is a very different thing. The only thing we can do now is to let the matter alone until the law can be amended so as to make it operative. The board has enough to do without beginning a course of procedure that would have to be eventually abandoned. With a knowledge of the defects in the present law perhaps the next legislature can make a statute that will be effective against the use of medicines that contain deleterious ingredients."

Epidemic Pneumonia—The Recorder has, with the approval of its readers, given considerable attention to pneumonia, the past three months. The original articles by Drs. Miller, Confer and Rice have covered the subject thoroughly and will be valuable for reference. Dr. Thos. N. Vincent, of Washington, has an interesting article on pneumonia in the Virginia Medical Semi-Monthly, March 25. We present below an extract from the article regarding pneumonia as an epidemic and as a contageous disease. An extensive epidemic of pneumonia has prevailed through southern Wisconsin and its apparent contagiousness, in many instances, would seem to support Dr. Vincent's views:

Pneumonia, by the history of epidemics prevailing in jails, asylums, and among communities, whose general hygienic conditions are poor, has come to be regarded as epidemic under certain circumstances. In this connection a very notable report is made of an epidemic that prevailed in Iceland in 1863, closely upon an epidemic of influenza. One is also reported as having occurred among the Twenty-second regiment of British infantry, stationed in New Brunswick, Canada, in 1867, when the men had for some time been forced to live in the most unsanitary conditions; in this case the mortality was quite high.

Coming from the community, so to speak, to the family dwelling, is only a small step; and the writer remembers a case where in this city a gentleman was stricken by the disease. He was nursed by his daughter, who had, by the way, a previous attack. She in turn on the ninth day of his disease was attacked; and the maid-servant, who was in attendance upon both the gentleman and his daughter, was in turn taken down with the disease. The gentleman died; the others recovered. Likewise a daughter in another family was stricken; her mother, who nursed her, was stricken, also a second daughter who nursed them both. They all recovered.

The writer has frequently noticed patients in adjacent beds in hospitals, stricken with the disease. They were, as a rule, of debilitated constitution. In the United States a very interesting epidemic occurred in the Kentucky State prison of Frankfort, in the winter of 1875, when out of a population of 694 inmates, in an overcrowded building, there were 118 cases, and 98 of a specific type. In Middleborough, England, in 1888, with a population of 70,000, 369 cases occurred of asthenic type, with marked nervous symptoms, and the detection in the sputum of the germ of the disease. Epidemics have also been reported through northern Germany, Denmark, Russia, Sweden and Siberia.

As the result of careful study, pneumonia may be placed as a contagious disease, transmitted from one to another through the agency of the ordinary carrying agents for poison—in clothing and other articles, the person so attacked not having been exposed to the disease at all. The same rules governing contagion in any disease is likewise applicable to pneumonia.

THE MEDICAL SOCIETIES.

THE INTER-COUNTY MEDICAL SOCIETY.

On Tuesday, March 8th, The Inter-County Medical Society held its second regular meeting for the current year at Cumberland, Wis. The meeting was well attended and proved very profitable and interesting. Drs. Chas. L. Greene and J. L. Rothrock, two rising young professional young men of St. Paul, honored the society with their presence and contributed much to make the meeting an exceptionally good one, by demonstration of medico-surgical procedures so far rarely employed in general practice and by taking active part in all discussions, reporting unusually interesting cases, etc. They were unanimously elected honorary members of the society. The program which was carried out comprised the following:

Report of Cases: Dr. Babcock, Cumberland, Wis.

Membranous Croup and Antitoxine, How Little I Know About Each: Dr. Epley, New Richmond, Wis.

Treatment of Gonorrhoea by Irrigation: Dr. Ground, West Superior. Wis.

Endoscopy and Cystoscopy: Dr. J. L. Rothrock, St. Paul, Minn.

Pathology in Traumatic Brain Lesions: Dr. D. W. Day, Eau Claire, Wis.

General Obstetric Practice: Dr. W. B. Hopkins, Cumberland, Wis.

The discussions, etc., were carried on with unflagging interest till about two o'clock in the morning, when the visiting members had to leave on their respective trains. The physicians of Cumberland tendered the Society a bounteous banquet at the beautiful home of Dr. Pease, of Cumberland. The next regular meeting of the Society will be held on the second Tuesday of July in West Superior.

The Inter-County Medical Society is now in a most flourishing condition. It numbers about ninety members and their three regular meetings are well attended and prove very interesting. Any information regarding the Society may be obtained by addressing the president Dr. Rinehart, of Ashland, or the secretary, Dr. Selbach, Eau Claire.

CENTRAL WISCONSIN MEDICAL SOCIETY.

The Central Wisconsin Medical Society held its quarterly meeting at Madison, Tuesday, March 29th. The meeting was held in the capitol building and was well attended by Wisconsin and Illinois physicians.

The following interesting papers were presented:

Application of Water in Regard to Its Temperature: Dr. John Binnie, Poynette.

Treatment of Diptheria with Antitoxin: Dr. P. L. Markley, Rockford. Ill.

Some Typical Cases in Surgical Gynecology: Dr. J. E. Alleben, Rockford. Ill.

Sprained Ankle: Dr. W. B. Helm. Rockford, Ill.

A Few Notes on Clinical Therapeutics: Dr. J. Noer, Stoughton.

The papers represented much original work and brought forth animated discussions, which were a benefit to all.

The social feature of the meeting was the banquet at the Capital House with the following

BANQUET PROGRAM.

"Some hae meat and canna eat.
And some would eat that want it;
But we hae meat and we can eat,
Sae let the Lord be thankit."—*Burns.*

MAGISTER: DR. J. A. JACKSON.

Professional Courtesy.....Dr. J. B Whiting, Janesville

"Heaven forming each on other to depend,
A master, or a servant, or a friend.
Bids each on other for assistance call,
Till one man's weakness grows the strength of all."
—*Pope's Essay on Man.*

Professional Success..... Dr. E. C. Helm, Beloit

"I would help others out of a fellow feeling."
—*Anatomy of Melancholy.*

Professional Joys and Sorrows.....
.....Dr. Julius Noer, Stoughton.

"God and the doctor we alike adore.
But only when in danger, not before:
The danger o'er, both are alike requited,
God is forgotten and the doctor slighted."
—*Pope.*

Professional Consultations Dr. J. A. Jackson, Madison

"Like a port skuller, one physician plies,
And all his art and all his skill he tries;
But two physicians, like a pair of oars,
Conduct you faster to the Stygian shores."
—*Sir Samuel Goethe.*

The society was well entertained by the Madison physicians and the meeting was profitable to those in attendance, in both its social and scientific features. The Central Wisconsin is growing and prospering, five new members being added at this meeting. Dr. James Mills, Janesville, is president and Dr. C. S. Sheldon, Madison, is secretary of the society.

The next meeting of the society will be held at Janesville, Tuesday, June 28th, and every physician in the district should make special effort to attend.

INFLUENZA.

The Rock County Medical Society at its regular meeting, April 1st, discussed La Grippe. Drs. G. W. Fifield, R. W. Edden, M. A. Cunningham, E. E. Loomis, James Mills, W. H. Palmer, G. H. Fox and J. P. Thorne presented the different phases of the subject.

Some good results from the use of sodium salicylate were reported and the value of calomel, caffein, strychnine and the coal tar products was considered. The need of a nourishing and supporting line of treatment was dwelt upon. Strychnine, in full doses, was considered of use in combatting the depressing effects of the disease.

The Wisconsin State Medical Society, which meets in Milwaukee, May 4th to 6th, has a program, this year, of exceptional value. This meeting will represent the work of many of the best members of the profession from all parts of the state. The president of the society is Dr. William Mackie, of Milwaukee, and the secretary is Dr. C. S. Sheldon, of Madison, who should be addressed by those wishing to join the society. The Wisconsin State Society is a strong organization and no physician can attend its meetings without deriving great benefit from them.

The quarterly meeting of the Fox River Valley Medical Society will be held at Marinette, Tuesday, April 12th. A full program of interesting and practical papers has been prepared. Clinical material will be presented and an unusually interesting meeting is anticipated. At the close of the meeting a banquet will be given to the members of the society by the local physicians.

The Recorder has received preliminary programs of the different sections of the American Medical Association, which meets in Denver, June 7th to 10th. The indications are that the meeting will compare favorably with any medical meeting which the world has seen.

The Wisconsin State Eclectic Medical Society will meet at Milwaukee, May 24th to 26th. Dr. C. E. Cole, of Prairie du Chien, is president and Dr. W. A. Pratt, of Augusta, is secretary of the society.

Pauly & Pauly furnish free samples of their superior surgical dressings to Recorder readers.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. I. JANESVILLE, WISCONSIN, MAY, 1898. No. 5.

ORIGINAL ARTICLES.

ALKALOIDAL MEDICATION.

(Fifth Paper.)

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, O. T.

BRYONIN.

Bryonin is a glucoside from bryonia alba. Bryonin also contains an alkaloid, bryonidine, but this alkaloid is so irritating to the gastro-intestinal tract that it is not used in medicine, the preference being given to the gentler but equally efficacious glucoside.

Bryonin is a hydrogogue cholagogue cathartic in large dose. So, like the other hydrogogues is useful in reducing dropsical effusions.

It appears to fill a well marked indication in sprains or inflammation of white fibrous tissues, such as the tendinous structures of the body.

Of late it has come to be used much by the alkaloidists in so-called chronic inflammations of the serous membranes.

The writer really apprehends that its usefulness here while well attested and admitted is, nevertheless, possibly misunderstood. As a matter of fact chronic inflammation of serous membranes is not at all common unless it be tubercular, and if that be the case it is then scarcely amenable to any medical treatment.

That which we term chronic serous inflammation I apprehend is generally occasioned by oft-recurring acute attacks caused by the adhesions formed in consequence of an initial attack. These adhesions are a constant menace and interfere with a proper functionating the organs thus bound down.

Free motion within physiological limits is essential to the proper performance of function of the various organs of the body. So in the effort to perform their peculiar functions these organs pull on the adhesions, the irritation of which gives rise to oft-recurring attacks of inflammation—so-called chronic inflammation.

These adhesions are of fibrous connective tissue which with age grow harder and more resisting. Therefore, I should explain the evident usefulness of bryonin in this class of cases by 1—Its depleting action as a hydrogogue cathartic, and 2—Its well-known power to relieve pain and irritation of fibrous tissue.

For the same reason I apprehend it has been known to relieve and cure the excruciating headaches which so fre-

quently are the sequellae of meningitis, after everything, even the most powerful anodynes, has failed. And also the "catch" in the side following pleuritis.

Give it in the muscular and serous rheumatoids. The writer has often been astonished by its prompt action in lumbago.

To begin with, two standard granules, containing gr. 1-67 each, should be given every 1 to 2 hours until the bowels respond; then decrease to 1 granule every 2 or 3 hours. In some cases where chronic constipation is also to be dealt with, it will require 4 or more instead of 2, thus giving it according to effect tending to that criterion alone to determine the size of the dose.

Bryonin is essentially a remedy for chronic ailments, and so in the class of cases outlined above it should be given continuously for from 1 to 3 months before giving up in disgust and declaring "bryonin is no good." Remember that these cases are always chronic, and the maxim, "To chronic diseases oppose chronic treatment," is the keynote of the successful treatment of them. Success is not usually met with in changing from one drug to another in the vain hope of finding one that will immediately and miraculously relieve the patient of the ills he has been years in acquiring. There is more good in bryonin than these few lines have intimated, but it is hoped that these points will induce the reader to study and acquire a use of it which after having once acquired he will not easily be induced to relinquish.

CALCIUM SULFIDE.

Standard granule grain 1-6. The name calcium sulfide is a misnomer, since the preparation as used medicinally is not a single salt of calcium but a mixture with the sulfate of calcium.

This mixture should contain not less than 36 per cent. of the sulfide to be reliable for internal administration. Properly speaking, this remedy is plainly a sulfuretted lime.

There are many diverse opinions expressed by the rank and file of the profession concerning its medicinal value. I say rank and file because our so-called authorities do not seem to know much about the drug, evidently esteeming it of not enough importance to warrant the high honor of being "official." It might be well to remind our "authorities" that it is the "common doctor" who is today leading the profession in the therapeutic reform that is taking place in the practice of medicine. It is he who is making history to-day. He is even becoming somewhat of a professional socialist, having no faith in leaders, revering nothing but his own and his fellow-workers' hard-earned practical, bedside acquired knowledge. His faith in the man of many professorships obtained many times, alas, by political chicanery, prestige of wealth or social position or any other effective means soever except honest, laborious effort, is fast waning, and that this same toiling "common doctor" regards very lightly indeed the "weight of authority" predicated upon such attainments, especially so when such dogmatic dicta do not tally with clinical results as observed by himself and his fellow-workers. He is coming to believe very much in the "personal equation" as represented by himself. One of his special pet theories which seems to flaunt itself defiantly in the face of "authority," is that he can cure diseases—that he can jugulate certain morbid manifestations which "authority" with a wise owl-shake of the head declares to be impossible—insists in fact, that he, as a doctor, really does give his patient his money's worth—but we digress.

To return to our subject again—this diversity of opinion concerning the medicinal value of calcium sulfide is no

doubt due to the use of preparations of the drug varyiug in strength and purity. As stated above to be at all efficacious the article should contain not less than 36 per cent. of the sulfide, as from it alone is the sulfuretted hydrogen evolved when taken into the stomach. The sulfate being insoluble passes out with the excreta unchanged.

It is to hoped that some chemist will soon be successful in making the chemically pure sulfide so that all elements of uncertainty in the action of so valuable a drug will be eliminated. As it stands now this may be largely obviated by using only the product of some manufacturer known to be reliable, and, after having become familiar with his product, use no other.

The odor of sulfuretted hydrogen can be eesily detected on the breath of a person taking the drug and the characteristic eructations indicate that the individual point of toleration has been reached.

While the drug is not poisonous in any dose, no additional benefit is obtained by pushing the drug beyond this point, and at the same time time you risk offending the stomach and causing it to revolt against the remedy altogether.

The sulfuretted hydrogen evolved in its decomposition in the stomach is absorbed into the blood and eliminated by way of the lungs and skin. Because of this fact it will be found useful in a variety of lung and cutaneous troubles.

In catarrhal conditions of the lungs and air passages where the exudate is tenacious or purulent or putrescent it is the remedy indicated as the dominant and in these cases should invariably be combined with strychnine arsenite.

I believe it was Ringer and Murrell who first announced its power over suppurative processes. This is so decided that it wlll absolutely arrest the "boil habit" in those cases where they appear, as they frequently do, in successive crops. The writer has thoroughly tested the truth of this assertion in a considerable number of cases extending over a period of five years and can state positively that in a large majority of the cases of this kind if a pure* calcium sulfide be given freely, say 4 to 6 granules in a capsule every hour until the breath and the stomach eructations indicate systematic saturation, then every 2 to 4 hours to maintain this effect, the boils will fail to appear and many of those in the incipient stage will undergo resolution and disappear. Those in the suppurative stage at the time of beginning medication will have to be treated in the usual way by incision and drainage.

It is important before beginning treatment of any kind for septic conditions to first cleanse the bowels, and for this purpose the writer prefers dosmetic doses of calomel (gr. 1-8 to 1-10) every ½ hour until 1 grain is taken, followed by salines and the sulfocarbolates. This done and your patient is ready to begin taking the calcium sulfide.

This pus-antagonizing property of calcium sulfide may be utilized in many directions as the drug is non-poisonous, and therefore may be pushed as far at the tolerance of the individual patient will permit.

The writer has had better success with calcium sulfide alternating with arsenious acid and the usual local applications in the treatment of acne vulgaris, than with any other treatment tried.

Where suppuration at the pimple's point is the more prominent let the calcium be the dominant remedy and per contra, where induration about the pimple's base seems to be the more marked, the arsenious acid. Where the two conditions seem to blend about equally alternate weekly or

*By "pure" is meant a good reliable product, the name of which will be mentioned later.

bi-weekly or give together. To be successful push both to complete saturation It is surprising how much a patient will come to tolerate if care be used in their administration. I have given a young lady, a victim of this unsightly affection, as many as 60, gr. 1-6 granules of calcium sulfide, daily for two weeks without intermission. Likewise the same patient took without inconvenience 8 and 9 granules of arsenious acid, gr. 1-67 each four times daily.

After three months treatment she was completely cured of this disfiguring affection.

In the introduction to this series of articles the writer said that serum therapy would be rescued from its present chaotic state whenever the active principle or principles of them, be they proteid, ptomaine or alkaloid, shall be isolated. That even under present uncertain conditions antitoxin has lowered the diptheria death-rate, is in the writer's opinion proven beyond cavil. However, the careful physician will cautiously educate a confidence in himself in the new theory before entirely letting go of fhe old.

Among the best of these older (older as compared to antitoxin) remedies is calcium sulfide. In my mind there is a great similarity of action between the way calcium sulfide cures diptheria and the way in which antitoxin does the same thing. First, both act through the blood and antidote the toxin therein. Second, neither are directly bactericidal.

The calcium sulfide acts in and through the blood by means of the free sulfuretted hydrogen circulating therein, but in addition it has a local action upon the disease process when given per orem in solution.

The administration of calcium sulfide for diptheria should be preceded by calomel given dosimetrically until the characteristic bilious evacuations are induced. Now, the sulfide should be begun and pushed rapidly to saturation. If the patient can be induced to take it in solution it is the best method of exhibition in diptheria since the local as well as the systemic action is thereby secured.

When it can be so taken very frequent dosage should be resorted to and no other local treatment will be required, but when on account of its obnoxious odor and taste it cannot thus be given it may be placed in capsule and given and hydrogen peroxide used locally.

Calcium sulfide very readily decomposes and loses its sulfuretted hydrogen when in solution, so no more than enough to last 24 hours should be dealt out at a time and this should be kept in a well stoppered bottle.

The writer is positive he witnessed good results from calcium sulfide in diptheria—results that he has never obtained from any other drug, and which effect sometimes seems to approach near to the specific.

I cannot add my testimony to that of many competent observers as to its value in true croup, but that may be because in its companion preparation, calcium iodide (dark) I have found so perfect a remedy for this trouble that I have not trusted any other remedy sufficiently to make a thorough test of it.

Calcium sulfide is the only remedy the writer is acquainted with which really exerts any power over the zymotic exanthemata. It really does seem to modify the course of measles, scarlet fever, etc., causing them to assume a milder type and shorter duration.

It should be combined with aconitine during the febrile stage and with atropine if the eruption is tardy and with strychnine from the beginning throughout the entire course.

In whooping cough it combines very effectively with the mydriatic group,

especially atropine and given in this combination will not only mitigate the severity of the paroxysms but frequently materially shorten the duration of the attack. It combines well also with cicutine and codeine in these cases.

A reliable preparation of this drug should have a prominent place in every working physician's armamentarium of drugs. As ordinarily found on druggists' shelves it is absolutely worthless. A good preparation should emit a decided odor of sulfuretted hydrogen.

The writer has found Abbott's make to be always uniform and reliable as well as permanent. While these articles are not written in the interests of any manufacturer, I believe it my duty to specify when treating of those drugs the value of which is uncertain and whose virtues reside in their uniformity. Especially is this true of those prone to decomposition.

(To be continued.)

SOME TYPICAL CASES IN SURGICAL GYNÆCOLOGY.

By J. E. Allaben, M. D., Masonic Temple, Rockford, Ill.

Read before the Central Wisconsin Medical Society, at Madison, Wis. March 29, 1898.

So diversified is the character of pathological conditions found in the female pelvis in different individuals afflicted with the same malady, that to define that which is typical is a task of some difficulty. Yet in the practice of every physician is met a number of cases in which there is a predominance of certain symptoms running parallel in the different subjects, and which we are justified in classing as typical.

The enlarged or nodular uterus, with menorrhagia, metorrhagia and anæmia —typical of fibroid; the enlarged abdomen flat on percussion in all positions, painless and of slow formation with faces abdominalis, typical of ovarian tumor.

Hæmorrhage between the monthly periods in a woman past the climacteric, associated with pain in the pelvis and failing of the general health, typical of uterine carcinoma. Sudden pain in the lower abdomen or in the pelvis, in a woman of child-bearing age, who has missed a monthly period, with blanched face, weak, rapid pulse and subnormal temperature, typical of extra-uterine pregnancy with ruptured tack.

The prematurely old-young woman with a history like this: Well and strong till she married at twenty-two. Soon after marriage had profuse yellow leucorrhœa; pain in external genitals and urethra, painful micturation, and rising in the night to void her urine. Following these symptoms several months after, pain in the pelvis and irregular and painful menstruation, back ache, headache, loss of flesh and ap petite, sterility and ten years of semi-invalidism, typical of the work of gonorrhœa. Unfortunately these cases the physician sees too often.

The young husband sowed a few "wild oats," and reaped a million gonococci. His wife reaped a whirlwind of ills, urethritis, cystitis, vulvitis, vaginitis, endometritis, metritis, salpingitis, ovaritis and pelvic peritonitis.

A physical examination in these cases usually reveals one or all of the following conditions: Enlarged and tender uterus, retroverted and fixed by adhesions, pelvic exudates, thickened tubes or pus tubes; ovaries enlarged, cystic, sensitive, prolapsed and adherent near the Douglas cul-de-sac where they are subjected continually to traumatism by coitus and hardened faeces in the sluggish rectum. Gonorrhœa in the female organs produces a picture that may indeed be called typical.

Now we see the middle aged hard-working woman with an indolent, inebriate husband—she has borne from

six to ten children, during which time she has been the main support of the family; she is an invalid now and she and her family the subject of charity. What pathological conditions would we expect to find here? Lacerated perinum, rectocele, cystocele, lacerated cervix, prolapsus or retroversion and subinvolution of the uterus.

Every line in her face is indicative of suffering, despondency and poor nutrition. We look at this woman and her worthless husband and we instinctively think of a passage from Tennyson's "Locksley Hall:"

"He will hold thee when his passion shall have spent its novel force,
Something better than his dog, a little nearer than his horse."

And we ask ourselves, how long should society tolerate this kind of abuse? The public is awake to the necessity of providing help for such unfortunates, but it is not awake to the necessity of striking at the root of the evil. A writer of philosophic history said that in olden times in tax ridden Spain the inhabitants sometimes beat and killed the tax-collector, but did not realize the necessity of reforming the law that imposed the tax. So it is with society of today. We are making strenuous efforts to provide for the criminal, the inebriate, the pauper and the insane, but we are doing nothing to prevent those things which produce these conditions. What can our asylums, our hospitals, our poor-houses, our supervisors, our city councils, our ladies' aid societies and the hundred other organized societies do, when a class of people needing the care of such things is reproducing itself twice as fast as it can be cared for?

The individual's personal liberties should not encroach upon the public weal. The inebriate, the consumptive, the syphilitic and the criminal is continually infusing into a nation's life an element that over taxes its strength to care for it, and undermines its foundations. The iron hand of law should step in and prevent the propagation of this class or restrict it as much as possible.

In the lower animals we are well aware of the wonderful improvements wrought in the species by domestication and by breeding. The human race is still more susceptible to change brought about by environment and good breeding. Why should we not give as much attention to the improvement of the human family as to that of the lower animals? The requirements for marriage should not be one merely of age, but of physical and mental conditions also. And the question in the mind of the young man or woman about to marry should not be merely what will be my pecuniary or social gain, but what will be my progeny should I be blessed with any? Sentiment is a matter of education. Such sentiment is of the higher type; let us aspire to it.

I have unintentionally digressed considerably from my subject, but the physician more than any one else is brought face to face with these faulty conditions in society and it imposes a duty upon him to stimulate the public to study these questions, and when once their purport is understood, reforms will come.

In line with the woman with gonorrhoeal infection is the woman infected after abortion or after labor with the staphylococcus, and streptococcus pyogenes or other pathogenic germs. The conditions found in the pelvis as a result of this kind of infection are much the same as those caused by gonorrhoea. The history, however, is different and furnishes the clue to the cause.

Etiologically considered puerperal fever and infection after abortion are identical and demand much the same treatment.

Cases are numerous in the practice of every practitioner where the pre-

dominant symptoms are backache. headache, pain in the pelvic organs, associated with more or less leucorrhœa and nervous symptoms, and where the history is such as to exclude lacerations and infections. In such we suspect simply misplacement of the uterus.

Of considerable interest and importance to the gynæcologist are those cases where a woman with but a moderate amount of pelvic disease, suddenly is taken with pains in this region with rise of temperature and acceleration of pulse, followed in a few days by the formation of a bunch or swelling in Douglas' pouch, or at either side of the cervix, typical of acute cellulitis or perimetritis.

We will briefly record a few cases that will serve to illustrate the history, pathology and treatment of some of these types in surgical gynæcology.

Commencing with the more simple form, that of acute cellulitis and perimetritis, we would relate case—

I. Mrs. J— M—, age 38. Her history showed that she had been suffering for two weeks previous to my visit with slight pain in the lower pelvis and lower abdomen, which had been somewhat delayed. Suddenly this pain became very acute and she was unable to bear it longer. I was called July 24th, 1896, to relieve her suffering. Examination of pelvic organs revealed a uterus slightly enlarged and very sensitive. In Douglas' pouch between the rectum and uterus was a tumor the size of a hen's egg, quite firm to the touch and extremely sensitive.

Patient was anæsthetised, vagina irrigated with 1-4000 bichloride and the perineum held back with a retractor, exposing the cul-de-sac, in which the tumor could be seen bulging forward. The mucous membrane was incised with a sharp pointed bistoury; through this incision a pointed forceps was forced into the mass and the jaws of the forceps separated, allowing the escape of about an ounce of seropurulent liquid.

The sack was irrigated with sterilized water and packed with iodoform gauze, which was removed on the second day.

The pain was relieved at once and the patient made a good recovery. I suspect peritoneal infection in this case brought on by the efforts of the patient to bring about retarded menstruation.

Case II, Mrs. F— M—, married, age 27. Was seen May 12, 1897, for pain in the left pelvis, which was greatly exaggerated at each monthly flow.

I had performed a laparotomy on this woman four months previously, removing diseased tubes and ovaries, and released a badly adherent and retroflexed uterus. Upon examination a firm mass could be felt in the left pelvis several inches in diameter and lying close to the pelvic bones. This was opened and drained in the same way as case I; the contents of the sack was serum.

This was a case of acute primary or traumatic cellulitis, the traumatism resulting from her previous operation. She recovered from this complication quite rapidly, but of this case I will speak further on.

Case III. Mrs. E— N—, married, age 20. Was called to see her in June, '96, for pain in the lower abdomen and left pelvis. Examination revealed a very firm mass about the left side of the cervix, extending to Douglas' pouch between uterus and rectum. Uterus firmly fixed in normal position. The pain which at first was slight began several weeks previous to the above date. I prescribed hot douches in recumbent position twice daily, boro-glyceride tampons, anodynes when necessary, laxatives and rest in bed. Pain grew worse and after a few days of this treatment I proceeded as in the

two cases just cited, except that the uterus was curetted in addition. The mass proved to be perfectly solid, however; no pus or serum was found. The opening made in the exudate was packed with iodoform gauze. Much to my surprise the treatment relieved the pain. Hot antiseptic douches were continued after the gauze was removed, the exudate was rapidly absorbed and the patient made a good recovery.

This treatment is strongly advocated by Pryor of New York and Henroten of Chicago, even where pus or serum is not suspected; and in this case would seem to demonstrate its usefulness. Boring into the solid exudate and breaking it up to some extent, probably removed the pressure upon the engaged nerves, this relieving the pain and stimulating absorption.

The one surgical treatment of these cases will do more toward effecting a cure than months of treatment by hot water and tampons.

Case IV. Mrs. E— B—, widow, aged 38. Nullipara. Present trouble began about six years ago. The principal symptoms were leucorrhœa, painful and irregular menstruation, pain in back and thigh, constipation, sleeplessness, and many other nervous symptoms.

Examination showed a uterus retroflexed, the fundus being well down behind the promontory of the sacrum and between the utero-sacral ligaments; slightly enlarged and very sensitive, so much so that an attempt to place the organ in its normal position had to be abandoned on account of the pain produced. Tubes and ovaries normal.

As there was no history of infection and pelvic peritonitis, I believed the uterus was not adherent, and considered the case a typical one for an Alexander operation. This operation I performed December 16th, 1897, under chloroform narcosis. By bimanual manipulation the uterus was easily restored to normal position. The cervix was thoroughly dilated and the uterus curetted, swabbed with Churchell's sol. of iodine and packed with iodoform gauze.

Alexander's operation was performed according to recommendations of Dr. Franklin Martin of Chicago. An incision two inches long was made from the spine of the pubis in a direction toward a point an inch to the inner side of the anterior superior spine of the ilium dividing the skin and subcutaneous fat. This exposed a little bunch of fat at the external abdominal ring which furnished a guide for the search of the round ligament. By a little dissecting with the fingers and blunt hook the round ligament was readily secured and drawn out of the canal by stripping back the peritoneum (the canal of muck) until the uterus could be felt well drawn up toward the internal abdominal walls. The edge of this ligament being now clasped and held out by a haemostatic forceps, the ligament of the opposite side was treated in similar manner.

Under the bridge of tissue above the tubes made by the two incisions a forceps was passed. The ligament of one side being grasped was brought through the puncture by withdrawing the forceps; the two round ligaments were then tied in a loose knot, the redundant ends cut away and the stumps secured to the other portion of the ligament by a fine catgut suture, passing only through the edge of the ligament and tied loosely so as not to impair the circulation. The wounds were closed with silkworm gut, which passed through the skin, fat and the lateral pillars of the inguinal canals piercing the round ligaments which lay between. Patient sat up in two weeks and left the hospital at the end of a month. She has enjoyed good health since.

Case V. Mrs. H— S—, married.

Nullipara, age 34. I saw her first in April, 1897. History negative up to three years previous to this date. Since then has had a great deal of pain in the pelvis and in the region of transverse and descending colon. The pain at the monthly periods during these years had been so severe that hypodermics of morphine were required. Appetite poor, has lost much flesh, is extremely nervous and unable to work much of the time.

Physical examination: Uteres retroflexed, adherent and very sensitive. She passes large quantities of mucus with her stool, indicating the complication of colitis. Ovaries hard and prolapsed. On June 4th, 1897, after curettement I performed laparotomy, removed the ovaries which were hard and when incised revealed many small crysts half the size of peas. In attempting to raise the uterus to release the adhesions, the adhesions gave way and by slight traction the uterus was brought to the abdominal opening. At the fundus where the adhesion gave way was left a raw, bleeding surface about the size of a penny. After stopping the haemorrhage this point was brought in contact with a small scarified portion of the parietal peritoneum and held there in normal position by ligatures. The peritoneum was closed with continuous suture of formaline catgut, the sheaths of the muscles in like manner and the external portion of the wound with silkworm gut, which were the first sutures passed and included everything except the peritoneum.

The patient left the hospital 28 days later; is now much improved in health and free from pain, but still occasionally passes mucus in the stools, but in less quantity.

Case VI. Mrs. F— M—, married, age 27; has been married 9 years. Conceived one month after marriage and had more or less "womb" trouble while carrying her child, for which she took treatment. Had a difficult labor, but progressed well till 15 days after confinement, when she had retention of urine and irritation of the bladder. Catheter was used for a week and ever since that time she has had symptoms of cystitis.

Two years after this had a miscarriage at sixth week, after which she was very sick for six months, with pain in the uterus, ovaries and lower abdomen. Menstruation, when again established, was regular but profuse and painful and lasted two weeks each time. Since this time she has taken more or less local treatment up to the time I saw her in January, 1897.

Physical examination: Retroflexed and adherent uterus, prolapsed and sensitive ovary on right side; thickened broad ligament and tube on left side.

Performed laparotomy January 20, 1897. Both tubes were found flexed upon themselves and adherent to the fundus of the uterus by their fimbricated extremities. They were dissected out of masses of adhesions and removed close to the uterus. The fimbriae of right tube were inverted and adherent, so as to completely occlude the tube; at the point of flexure the tube was dilated to the size of an almond and filled with sero-purulent matter. The uterine extremity was patulous. The left tube was patulous but dilated at the middle to the size of a peanut and contracted at the uterine extremity. Both ovaries were diseased and bound down by adhesions—they were dissected up and removed.

The uterus was retroflexed and held in an immense mass of adhesions. It was released as much as possible and held up, sutures passed through the abdominal wall and the fundus. The abdomen was closed in the usual way, drainage being maintained for 24 hours with gauze.

Patient made a slow recovery, but was consideraby improved in health

for several months. She left the hospital two months after the operation, but returned on account of a pocket of serum accumulating in the left pelvis, as cited in case No. II. A few months after the operation menstruation returned regulary and she suffered considerably from pain and excessive flow. I am satisfied that better results would have followed had I removed the uterus also.

I think in the early stage of this case the gonococcus played an important role, and later at the time of the miscarriage infection occurred from other pathogenic germs which resulted in a mixed infection, causing an intense pelvic peritonitis by way of the uterus and tubes.

I will report but one more case, which was a very interesting one to me.

Case VII. Mrs. W— S—, married, age 41, mother of two children. A strong healthy woman till 12 years ago, when her last child was born. From this confinement she recovered slowly. After getting around again she suffered considerably from leucorrhœa, pain in the pelvis, backache, and nervous symptoms. As the years came round she grew gradually worse; she lost flesh, suffered great pain at her monthly periods, the flow finally coming every three instead of every four weeks, and quite profuse in amount. Appetite failed and bowels were constipated. At the monthly period she would sometimes be confined to bed for a week or two; at no time was she able to do much work.

In this condition I saw her in November, 1897. An examination revealed a laceration of the perineum; a bilateral laceration of the cervix clear to the internal os; a uterus as large as a man's fist, tipped backward somewhat from its overweight, but not adherent; ovaries could not be well palpated on account of the size of the uterus and the sensitive condition of the pelvic organs, the right tube however seemed thickened and the corresponding ovary enlarged.

She was sent to the hospital November 18th, and I operated two days later.

The uterus was curetted and the cervix repaired, heavy formaline catgut being used for sutures. The perineum was repaired by Tait's flap-splitting operation. The abdomen was then opened and a fibroid uterus revealed.

Left ovary was enlarged, hardened and contained small cysts. Right ovary contained cyst as large as a pigeon's egg and a haematocele the size of a marble. Both tubes were dilated, patulous and contained pus. There were no adhesions anywhere, which, under the circumstances, was remarkable.

The tube and ovaries being removed the abdomen was closed and the patient put to bed in good condition. She made a rapid recovery, leaving the hospital three weeks after her operation.

The highest temperature was the evening following the operation, 100.6; the highest pulse rate was 84. For two days following the operation there was an intestinal paralysis that I can not account for, as the intestines were hardly touched during the operation, and there was no peritoneal infection, as shown by the pulse and temperature. This complication was overcome by withholding all food by the mouth, giving strychnia to increase peristalsis and using copious enemas of salt and water, salts, glycerine and water, and soap suds and turpentine—forty enemas were given before the bowels operated and the distressing tympanites was relieved.

The result of the operation was most gratifying. The patient has gained much in flesh and strength, is free from pain and on the road to excellent health again. Two months

after the operation the fibroid uterus was reduced one-third in size and there has been no return of menstruation.

Such cases as these are not uncommon; they are all about us, and if we are diligently looking for them in our practice we will find them, and it should impress upon us the necessity of offering early the helping hand of surgery, instead of allowing patients in such distress to waste time, money and health in useless topical applications.

PARACENTESIS OF THE TYMPANI.

When and Under What Conditions Should We Perform Paracentesis of the Tympani in Acute Catarrhal Otitis Media?

By J. A. Pratt, M. D., Aurora, Ill.

The physician is apt to procrastinate in acute catarrhal otitis media, and allow nature to do the work, which he should perform. He is often satisfied to give some "ear drops," that generally does not relieve the pain, but tends to keep the patients, more particularly the children, waiting until the tympanum ruptures, nature effects her cure, and the physician walks away with the honor. Why are so many of us willing to believe that nature assists us, rather than we assist nature? We certainly do not like dishonesty in other walks of life.

From the cases in which I have been called to perform paracentesis of the tympanum, I have concluded that the general practitioner, either does not know the salient points, or is neglectful in this respect. This short paper I hope will make these few points a little clearer.

When we consider that paracentesis of the membrana tympani is the oldest operation performed on the ear, and one of the easiest to perform, we can readily see how essential it is that every physician should know the technics and indications of its performance.

The physician is generally called to see these cases, after the aborting stage is past. I find that the best means to abort this trouble is to give a saline cathartic, and use frequent douching of the auditory canal, with sterilized water, as hot as can be borne. A thorough inspection of the canal should always be made, especially in children, as one is apt to neglect it on account of the resistance offered by the child, to see that there is no foreign body present or any cause that would simulate the condition.

Authorities say to wait twelve hours before lancing the tympanum. The length of time depends entirely on the case. If on inspection the tympanum is deeply congested and shows that there is fluid back of it, or the throbbing pain is present, the operation should be performed at once, if the consent of the patient can be obtained. If there is no fluid present the cut will relieve the congestion and heal readily.

Before operating, the external parts and canal should always be thoroughly disinfected, then with a good light, and a knife, with a point as sharp as a cataract knife, plunge into the tympanum, a little posterior of the center, and carry the incision down through the periphery. With a sharp pointed knife the pain is hardly noticeable, and the patient is relieved at once. For a few days, a frequent changing of the cotton plug is all that is necessary, and then the usual treatment should be performed only by the physician.

The greatest care should be used by the physician in cleansing and disinfecting the hands, when swabbing out the discharging ear with medicated cotton.

The causes of the prevailing trouble, as catarrh, adenoid growths, etc.,

should always be remembered, and if one is not equipped to remove the cause, the case should be refered to the specialist.

My reasons for an early incision are:

1. It gives the patient protection against the burrowing of the pus in other directions, and possibly averts mastoiditis.
2. It prevents the destructive action of the accumulating secretion.
3. It hastens recovery.
4. It relieves the patient.

SOME OF THE COAL TAR DERIVATIVES.

By A. F. Snyder, M. D., Baraboo, Wisconsin.

Knowing somewhat the feeling that exists for and against the coal tar derivatives, I desire to present some views which I hold in relation to some of these agents, from a clinical standpoint.

The coal tar products possess great power as analgesics and antipyretics and, lacking the unfavorable faculty of clogging the secretions while having the possibility of relieving pain and lowering temperature, they must of necessity appeal to one's good judgment.

Opium, with its numerous products, has been in use so long a time that it is unnecessary to speak of them here other than as a comparison. We recognize the fact that all of the opiates have the one great drawback of clogging the secretions. Another unfavorable feature should be mentioned here, and that is the opium habit, which is a dread to the practitioner. I do not know of any one suffering from the coal tar habit.

Compared with aconite as an antipyretic, they contain all of the virtues of that drug with by far less of its unfavorable effects. The uncertainty of aconite's action is familiar to everyone who has advised its use.

The bromides have their place in our materia medica to relieve pain, but in their continued use one must be constantly on the qui vive because of their bad effect within the alimentary tract; and without good digestion. one can do but little towards restoring the sick to health.

I consider the coal tar products rather a benefit than otherwise in gastric disturbances.

In many cases where it is useless to use valerionates the coal tar remedies come in good play.

In the use of the salicylates we are constantly annoyed because of their ill effect in the stomach. Often one can overcome much of this unpleasant effect by throwing in some of the coal tar products.

I have always been very backward about taking up new remedies, and, when my attention was first attracted to antipyrine, I hesitated until it had become an old story; when la grippe began its rage I ordered antipyrine and found it good, but its continued use I considered not advisable, and as a result of personal experience I rarely call for it now. Though I do consider antipyrine of great value in whooping cough, (given night and morning it loosens the severity of the paroxysms, and greatly mitigates the cough in general), I believe it has been the abuse more than the intelligent use of antipyrine that has caused it to be laid on the shelf.

My first use of phenacetine was in a case of septicaemia; woman had been confined by a midwife seven days previous to my first seeing her. I found a temperature of 106, pulse 136, drawn, anxious expression of countenance, with some muttering delirium, sanitary surroundings very bad. I immediately cleaned up in every sense of the word, and in my emergency case I found some three

grain phenacetine pills. I ordered one to be given every three hours. In twelve hours, temperature 102, pulse 118, had slept some, was sweating profusely, and went on to a complete recovery. This gave me confidence in the remedy, since which time (1889) I have used it in various conditions with gratifying results.

There is one place that I wish to call special attention to, in which the use of the coal tar preparations is very pleasing, and that is in vomiting in old or young from whatever causes. The most obstinate cases of vomiting will in a few moments quiet under their soothing influence. In the 1896 American Year Book of Medicine and Surgery, page 459, you will find that phenacetine is spoken of as valuable to relieve the pains of dysmenorrhea; on page 577 its use is suggested in lobar pheumonia; page 93, it is mentioned in connection with pneumonia, and on page 647, sciatica is said to be greatly relieved by pronounced doses of phenacetine. Referring to the International Clinics, Vol. III, of 1894, page 146, I find that phenacetine is advised in epilipsy; Vol. I, page 100, its use is mentioned in the treatment of myelitis. In diseases of childhood I have found its use of great benefit combined with any of the good stimulants It is effective combined with the pepsins in stomach troubles incident to the teething child, it allays the nervous irritability, and quiets vomiting, giving the needed rest and quiet to both babe and mother.

I presume if preference were given to any one of the coal tar derivatives, over all others, antikamnia would be the one, because I believe it more widely known and more extensively used than all of the others put together. Antikamnia has been and is a great boon to suffering humanity. This I say with no thought of successful contradiction. Its use has become so universal all over the world that it needs but little comment. It is an American preparation, is soluble in hot water, and nearly so in cold water, but more fully soluble in alcohol. In its action, rather slower than antipyrine, phenacetine or acetanilid. It has however, the advantage of being free (or almost so) from the depressing effect upon the heart; in many instances it exerts a sustaining action on the circulation. I have found that where no bad effect results from administering antikamnia the first few doses judiciously given, that it is safe to continue its use until such a time as the attendant may feel that he has the desired relief. I have used the drug in actual practice for the past eight or nine years and as the "proof of the pudding is in the eating" I must give to antikamnia nothing but praise, and I believe that antikamnia has come to stay. Its several combinations (and its compatibility seems general) are very valuable. Antikamnia with quinine is good, antikamnia with codeine is effectual, and antikamnia with salol has its place. In fact its range is so wide that I will not take your time to mention other combinations in which antikamnia plays an important part, yet I must speak of its value in "old soaks" when sobering up. Here it relieves that almost uncontrollable nervous irritability and makes the use of other and more dangerous remedies less imperative.

As to the cyanosis resulting from the use of the coal tar products, I find the least trouble with antikamnia. I might go on and write of the many other preparations from this source, but I believe that I have already said enough to let you know on what ground I stand.

Since antipyrine was introduced, so many coal tar derivatives have cropped up that one finds it impossible to keep in touch with them all, and what is the use? We simmer it

all down and finally settle on two or three and stick to them.

To tell just how we use these products is an utter impossibility in the time and space allotted, and what would my experience in every case avail? Each practitioner must rely wholly upon his own judgement. In some cases you will find that antikamnia alone is the thing, in others you may deem it better to combine with some other therapeutic agent. One may think phenacetine will be better than antikamnia and possibly antipyrine will be the favored one, as in my case of whooping cough. So it goes, all down through the category of sufferings.

I wish to repeat in closing that I believe the coal tar derivities have have found their niche, and have come to stay and stay they will.

WAR.

The war now in progress with Spain is of great importance to the whole nation and especially to medical men. Physicians are a patriotic class as shown by the numbers offering their services as surgeons and also by those found in the ranks of the army. Most of those entering as surgeons do so at a sacrifice, as the salary is not equal to what these men would make in their practices at home.

As medical men we are interested in the sanitary, medical and surgerical aspects of the war. The nation, since the last war, has made great improvements in machines and methods of war, but the surgeons have made equal progress. The use of antiseptics will prevent much suffering and loss of life. The X-ray will locate hidden bullets and the present knowledge of the surgery of the thoracic and abdominal cavities will find a useful field of application. The civil war gave a great impetus to advancement in surgery and if this war shall be at all prolonged it will be marked by further surgical advance.

The attention which will be given to the sanitary regulations of the military camps will be of great importance, as it will mean many valuable lives saved. The great destructive enemy of the American army in Cuba is the yellow fever but by having camps in the best locations to be found and the enforcement of sanitary measures, the depredations of this disease will probably not be what is feared.

Dr. David W. Yandell, of Louisville, Ky., died May 3d. aged 71 years. He was an eminent surgeon and had a large surgical practice. He was a graduate of the University of Louisville and for some years was professor of surgery in his alma mater. He founded the American Practitioner, which he ably edited for a number of years. He was ex-president of the American Medical Association and also the American Surgical Association. As a surgeon, teacher and editor, Dr. Yandell was a celebrity in the world of medicine.

Dr. Wm. Meacher died at Portage, Wls., April 22d, aged 65 years. He was a well known physician and had held many positions of honor.

The 107th annual meeting of the County Medical Society, of New London, Conn., recently convened.

The San Diego (Cal.) Medical Soclety have women members for their officers this year.

Guaiacetin is a useful remedy in treating tuberculosis.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.
WM. HALL, Business Manager.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

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GLYCERINATED CALF LYMPH.

Glycerinated calf lymph is the form in which vaccine virus will be used in the future. We mentioned its value in the March Recorder and later investigations confirm the statements made regarding its superiority. Dr. Copeman of London first called attention to it and has given much attention to the subject. His claim seems to be verified, that adding glycerine destroys many forms of microbes without injuring the vaccine lymph. Dr. Copeman has demonstrated that enough material can be obtained from a single calf to vaccinate fifteen thousand patients. Ten to fifteen grams of material is obtained from a calf and equal parts of glycerine and water added until the quantity is fourteen times as large.

All the large cities of Europe, except Paris, now use glycerinated calf lymph exclusively.

Dr. Copeman and Sir R. Thorne-Thorne recently made official visits to the large cities of Europe to investigate and report the methods of preparing and storing glycerinated calf lymph. The methods used in Berlin were considered best by the commissioners and were recommended to the British government. Dr. Copeman thus describes the German method: "Cow-calves from six weeks to three months old are exclusively used and are injected with one-half gramme tuberculin forty-eight hours before vaccination. They are fed on sterilized milk with eggs and corn flour. For vaccination the abdomen, from the vulva to the umbilicus and also the inside of the thighs are shaved. The skin is washed successively with soap and hot water, corrosive sublimate solution (1 in 1,000) and with boiled water. The skin is dried, and with a blunt knife incisions hardly a quarter of an inch apart and about eighteen to twenty-four inches long, made on the surface of the abdomen, blood being removed with sterilized blotting paper. Stored glycerinated lymph is then poured on the abdomen and spread over the incisions with the back of a scalpel. Lymph is antiseptically collected on the fifth day, the skin being put on the stretch and scraped once only in the direction of the incisions with a sharp spoon, thus minimizing admixture of blood. The scrapings are mixed with a little water, passed twice between the rollers of a Doening mixing mill, water being gradually added to seven times the weight of the tissues removed. The mixture is then centrifugalised, the supernatant fluid decanted off, and an equal weight of glycerine to that of the water, previously added, is mixed with it. The resulting lymph being put up in stock bottles or in small tubes."

The use of glycerinated calf lymph marks a new era in vaccination and the prevention of smallpox. It will prevent many of the unsatisfactory complications of vaccination, which will do much to remove what prejudice still exists against it. It seems strange that after the value

of vaccination has been so thoroughly demonstrated as to be an established fact, that there are still individuals and societies strongly opposed to it. Ill effects that occasionally follow vaccination have given these people some ground for argument, but the introduction of glycerinated calf lymph will remove this and we shall see a successful continuation of the great work which prevents the ravages of smallpox.

THE FREE DISPENSARY.

Nearly every medical journal has had considerable to say about the free dispensary evil, and the Recorder will, as an up-to-date journal is expected to, offer something on the subject.

The medical profession of today is surrounded by a host of obstacles which render it difficult to hold lucrative practice. The young man just entering into practice is surprised by the competition he meets, and some of it in forms he never dreamed of in his student days. The free dispensary of today is in direct competition with every practicing physician. In the cities thousands of patients yearly go to the free clinics who are able to pay and should be treated by regular physicians.

The free clinic also cuts into the practice of the country doctor. Many patients object to paying a reasonable fee for an operation, as they tell the doctor they can go to the free clinic in the city and have the operation performed free of charge by some celebrity.

Physicians connected with hospitals and dispensaries should do all possible to remedy this abuse, and the profession should support those who are conscientiously laboring to remove the evil. But it is very difficult for the dispensary authorities to restrict free treatment to the needy, and some legislation is necessary.

A dispensary bill was introduced in the New York legislature at its last session, but the legislature adjourned March 31st without acting on it. The bill failed to pass on account of its defects. The Medical Review of Reviews, in commenting on the bill and its defects, offers some good suggestions on the subject of dispensary abuse. The following from the Review gives, in a nutshell, a solution of the problem:

"Enact a law of a dozen lines, making it a misdemeanor for a patient who is able to pay to apply to a charitable institution for treatment, and empowering dispensary officials (who all desire reform) to investigate the pecuniary condition of applicants, and all such patients will never apply thereafter."

A law like this, not only in New York, but in every state, would prevent abuse of the free clinics and settle the vexed question to the satisfaction of both city and country practitioner.

CALCIUM SULPHIDE.

Our readers will find in Dr. Blesh's article, this month, a valuable treatise on a valuable drug. Calcium sulphide is one of the gems of the materia medica, and any physician familiar with it will agree with Dr. Blesh in his praise of the drug. We have used it very extensively and our continued experience with it confirms our opinion regarding its value. We have used it largely in suppurrative conditions of various sorts, and have come to rely upon it in such conditions.

Dr. Blesh is one of the progressive physicians of the day, and like many other advanced practitioners, cures disease. As he says, many diseases can be jugulated, if proper treatment is instituted at the proper time. We do not agree with those who say that pneumonia is a self-limited disease and will get

through just as well without any treatment as with active treatment Many of these "self-limited" diseases could be jugulated or aborted if active measures were used. The acute diseases employ active treatment as the symptoms demand.

Dr. Blesh's articles tell how to cure disease and represent the results of his experience. This series will run through the year and our readers will continue to prize the articles as they use them in the future for reference.

IRITIS.

Iritis is a disease which every physician meets and it is one which must be promptly diagnosed and treated. Many an eye is lost from iritis, because it was not carefully and properly diagnosed.

Dr. J. A. Pratt of Aurora, Ill., will furnish the Recorder a series of articles on iritis, which will be of value to both the general and special practitioner. The first article will be in our June number and the series will be continued until a full treatise on iritis has been given. This is a subject of interest and importance to all physicians and the series will be an attractive feature of the Recorder for several months.

THE SULPHOCARBOLATES.

The season will soon be here when the fermentative troubles of the gastro intestinal tract will again be prevalent. Cholera infantum, diarrhoea, dysentery, etc., will soon be met with every day by the medical practitioner.

Improved methods of treatment, by means of intestinal antiseptics, enable the physician to get much better results now, than a few years ago. Of all the intestinal antiseptics, the sulphocarbolates of zinc, sodium, and lime stand at the head. Their free use is all the medicine needed in many cases, especially children. The fact that the sulphocarbolates can be used in quite large doses with safety is a valuable feature. Many cases of cholera infantum can be quickly cured by the early use of sulphocarbolates and proper attention to the food. In adults the addition of a small dose of some opiate to the sulphocarbolates insures a more speedy cure by lessening intestinal secretion and peristalsis. In some cases the tonic action of strychnine adds to the treatment.

The sulphocarbolates are today the leading remedies in treating these diseases and should be used by all physicians. The sulphocarbolate tablet, pill or granule is convenient to dispense and efficient in results.

Dr. N. G. Smith of Indianapolis, after using McNeal's Hair Tonic in his practice writes concerning its effects as follows: "In a number of cases treated by me for loss of hair, dryness of scalp, and loss of vigor of hair cells, all have been benefitted and in nearly every case a complete cure made.

Hot air is a curative agent in the treatment of rheumatism in all forms and of rheumatic anchylosis. With a Betz hot air apparatus any physician can have a hot springs sanitarium in his office

The value of Dr. Kellogg's funis ring applicator is shown by the fact that it is now used continuously by a large number of physicians. An obstetrical bag without it is incomplete.

The Eureka nebulizer gives satisfaction to the many physicians who are using it.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

We carry the advertisements only of reliable firms.

Write to the Maltbie Chemical Co., Buffalo, N. Y., for catalogue and samples.

Strychnine arseniate used continuously between the paroxysms of asthma is of decided benefit.

Egyptian monuments show that hops were used 2,000 B. C., as a medicine, also in an intoxicating beverage.

Zymotoid is a very efficient remedy in the treatment of many skin affections. It will cure obstinate cases of psoriasis in a short time, generally.

Bovinine is considered of great value by some surgeons in treating collapse from surgical shock. Some regard it superior to the injection of normal salt solution.

The Badger fountain pen is especially adapted for physicians' use, as it has a new patent feed which prevents leaking but gives a good flow of ink.

Viskolein is sustaining the claims made for it in the treatment of typhoid fever. We have received favorable reports of it from several physicians recently.

Dr. W W. Winthrop of Fort Worth, Texas, reports most favorable results in treating snake bites and insect stings with a plant which the Indians call Hosa. It is a cryptogam growing in the Everglades of Florida and is a diffusable stimulant.

Milkine being composed of milk, meat and malt, is a perfect food. We are pleased to notice the following endorsement of it in the American Journal of Health: "During the past month letters of inquiry have been received asking us regarding 'Milkine,' offered by the Elgin Milkine company, Elgin, Ill., and whose claim is that the article in question is a nourishing, easily digested, invigorating and recuperative food for infants, invalids, dyspeptics and delicate persons. Replying to our correspondents we would say that having through our Secret Inquiry Bureau made a careful examination concerning this article without consulting any one interested financially in its success, but obtaining many expressions of opinion from those who have bought and used Milkine we are in a position to state that the worth of the article in question has not been in the least overdrawn by those interested in promoting its sale. The mass of favorable evidence freely offered by users, as well as the results of our investigation, conclusively shows the highest praise is due."

PROPOSED ILLINOIS PRACTICE LAW.

A new bill to regulate the practice of medicine in Illinois will be presented at the next session of the legislature. The bill, as drawn, is the result of the conference of the Illinois State Board of Health and committees of the regular, eclectic and homeopathic state societies. The bill provides for a board of examiners and, if passed, will be watched with interest as it embraces several new provisions, as

shown by the following extracts from the proposed bill :

No person shall hereafter begin the practice of medicine or any of the branches thereof, in this state, without first applying for and obtaining a license from said board so to do. Applications shall be accompanied by the examination fees hereinafter specified, and with proof that the applicant is of good moral character and has received a diploma conferring upon the applicant the degree of Doctor of Medicine from some legally incorporated medical institution in good standing, as may be determined by the board at the time of issuing said diploma. When the application and diploma aforesaid have been inspected by the board, and found to comply with the foregoing provisions, the board shall notify the applicant to appear before it for examination, at the time and place mentioned in such notice.

That all persons who, at the date of taking effect of this act, are qualified to practice medicine or midwifery, under the laws of this state, in force at the time of the passage of this act, and who desire to continue in practice, shall, within six months after the appointment and organization of the board of examiners, provided for in this act, apply to such board for a license, which shall be issued by the board on the payment of a fee not to exceed fifty cents. Provided, the board may refuse to issue such license to any such applicant for cause as hereinafter provided. All licenses issued under the provisions of this and the foregoing sections shall expire on a date to be named therein, not more than one year from the date of issue, so that all licenses outstanding at one time shall, as nearly as may be, expire on the same date.

That all licenses issued under the provision of this act, at the date of their expiration, be renewed for a period of one year, upon payment to the board of a renewal fee not to exceed fifty cents, which renewal shall be evidenced by a new license; Provided, however, the board may refuse such license for cause, as hereinafter provided.

The board may refuse to issue any license provided for by this act, whether an original or renewal license, if it shall appear that the person applying therefor has been guilty of persistent inebriety, or the practice of criminal abortion, has been convicted of a crime involving moral turpitude, or has, by false representations, obtained practice in his or her profession, or by the false or fraudulent practice of his or her profession has obtained money or any other thing of value.

That any person shall be regarded as practicing medicine within the meaning of this act who shall operate for or upon, prescribe for, or otherwise treat, or profess to heal or cure any physical or mental ailment, or any physical injury to or deformity of another; Provided, nothing in this act shall be construed to apply to the practice of dentistry or pharmacy, or to the administration of domestic or family remedies in case of emergency, to commissioned surgeons of the United States army or navy, or marine hospital service, in the discharge of their official duties.

That any itinerant vender of any drug, nostrum, ointment or appliance of any kind intended for the treatment of disease or injury who shall vend or sell any such drug, nostrum or appliance, or who shall, by writing or printing, or any other method, profess to the public to cure or treat disease or deformity by any drug, nostrum or appliance, shall pay a license of one hundred (100) dollars per month into the treasury of the board, to be collected by the board in the name of the people of the state of Illinois for the use of said board.

THE MEDICAL SOCIETIES.

WISCONSIN STATE MEDICAL SOCIETY.

The fifty-second annual meeting of the Wisconsin State Medical society was held at the Plankinton House, Milwaukee, May 4-5-6. There was a good attendance at all the sessions, physicians from all parts of Wisconsin being in attendance and also some from Michigan and Illinois. Dr. Wm. Mackie, of Milwaukee, the president of the society, presided at the various sessions. The program as given elsewhere, was successfully carried through; most of the papers were presented, a few being read by title. The papers were of a high character and represented much original work. We hope to present to our readers some of the good things of the meeting.

The social features of the meeting added much to the pleasure of the occasion. A social was held at the Plankinton on Wednesday evening, which was well attended and much enjoyed.

The annual banquet was held Thursday evening and was an elaborate affair. An orchestra supplied delightful music all through the banquet. There was much applause when the orchestra played "America," "The Star Spangled Banner" and other national airs. A good many ladies were present, and their presence added much to the social side of the meeting. Dr. U. O. B. Wingate, of Milwaukee, presided at the

AFTER DINNER PROGRAM.

A Fig for your Bill of Fare.
Show me your Bill of Company."
—Jonathan B. Swift.

THE MEDICAL SOCIETY OF THE STATE OF WISCONSIN.
"In the future as in the past, may her banner ever bear the State's motto, 'Forward'"
DR. WILLIAM MACKIE, Prest. of the Society.

THE STATE OF WIS. AND THE MEDICAL PROFESSION.
"A good Physician is like a good Statesman, for it is the aim of both to alleviate the miseries of existence."
—Li Hung Chang to Dr. Kitasato.
GEN. F. W. BYERS.

THE CLERGY AND THE MEDICAL PROFESSION.
"All that is new is not progress, we sometimes follow the will-of-the-wisp light of error into devious paths, from which we return not always enough wiser for the lesson to prevent again going astray in another direction."—Dr. J. K. Bartlett.
REV. W. G. ELLIOT.

LAW AND MEDICINE.
"A multitude of laws in a country is like a great number of Physicians, a sign of weakness and malady."
—Voltaire.
EUGENE ELLIOTT, ESQ.

THE PRESS AND THE MEDICAL PROFESSION.
"Give us but knowledge, though by slow degrees,
And blend our toil with moments bright as these;
Let friendship's accents cheer our doubtful way,
And Love's pure planet lead the guiding ray."
—Dr. O. W. Holmes,
COL. J. A. WATROUS.

THE MEDICAL PROFESSION.
"While we rejoice in that to which our profession has already attained, we look with longing eyes to the victories of the near future."—Dr. H. O. Marcy.
DR. J. A. JACKSON.

The state board of medical examiners has done a good work in protecting the whole profession of the state, and raising the standard of medical affairs throughout the state. The society passed the following resolutions in commendation of the board's work:

WHEREAS, The last legislature passed a law regulating the practice of medicine in the state of Wisconsin, and

WHEREAS, An excellent board of medical examiners was appointed by the governor that commenced its labors about a year since, and

WHEREAS, The beneficent effects of the law are already apparent in the suppression of quackery, and enthusiasm for a better medical education. Therefore

Resolved, That the society again affirms its belief in medical legislation and its members pledge themselves to assist in maintaining these laws already found so useful and necessary.

Resolved, That this society express its entire confidence in the ability, integrity and judgment of the members of the Wisconsin Board of Medical Examiners.

Resolved, That a Committee of Medical Legislation of five be appointed by the president with power to increase its membership, or fill vacancies, to assist in maintaining the high standing of medical practice for which we have contended for the last twenty years.

The following were elected as the officers of the society for the next year: Dr. H. Reineking, of Sheboygan, president; Dr. John Phillips, of Stevens Point, and Dr. C. W. Oviatt, Oshkosh, vice-presidents; Dr. C. S. Sheldon, of Madison, secretary, and Dr. S. S. Hall, of Ripon, treasurer; Dr. F. E. Walbridge, of Milwaukee, was elected a member of the board of Censors. During this meeting 74 new members joined the society, bringing the membership up to 550.

The meeting closed with the able address of the president, Dr. Wm. Mackie, and adjourned to meet in Oshkosh next year.

NOTES.

The exhibits were good this year.

Everybody went home with a load of samples.

The meeting was a great success, socially and scientifically.

The Wisconsin doctors, who did not attend, missed a good thing.

Our advise to Wisconsin physicians is, don't miss the 1899 meeting at Oshkosh.

The general verdict was that this was one of the best meetings the society ever held.

Surgeon-General Byers, of the Wisconsin troops, attended and participated in the meeting.

The program was a credit to the program committee and the chairman, Dr. Ralph Chandler.

Lynde Bradley, of the Milwaukee X-Ray laboratory, had a good exhibit of X-Ray photographs and negatives.

The time did not permit of full discussions, but the program next year will be arranged to allow of more discussion.

Dr. H. Fleishaur, who had charge of the exhibit of the Malt-Diastase Co., made many friends for himself and for maltzyme.

The differences between the State Board of Medical Examiners and the Milwaukee Medical College, were amicably settled at this meeting.

The Wisconsin College of Physicians and Surgeons and the Milwaukee Medical College now require their students to take a four years course.

Dr. Fred Byron Robinson, of Chicago, gave a talk which was greatly appreciated by all. Dr. Robinson has done an immense amount of original work on the anatomy of the pelvis.

Edward Lewis, the man with the "musical heart," created considerable interest; his case is of so rare a character as to make it of great value for any physician to examine him.

From present indications it is apparent that the Wisconsin medical fraternity will be well represented at the next session of the American Medical Association, which meets at Denver, Col., June 7 to 10.

The Wisconsin Medical Recorder had an exhibit and distributed a large number of samples. The exhibit was in charge of W. E Arnold, of the Recorder office force, who presented the claims of the Recorder and secured new subscriptions. Many expressions of approval were received regarding the Recorder and its premiums.

PROGRAMME.

WISCONSIN STATE MEDICAL SOCIETY.

WEDNESDAY MORNING.

Materia Medica and Therapeutics—

Address of Chairman: Shall the Manufacturer do Our Prescribing ..... Dr. G. J. Kaumheimer, Milwaukee

Diet as a Therapeutic Agent ..... Dr. Karl Kordenat, Reedsburg

Oxygen as a Therapeutic Agent ..... Dr. W. B. Hill, Milwaukee

The Treatment of Chlorosis ..... Dr. Carl R. Feld, Watertown

The Effects of Stimulating Narcotics, a Social Question ..... Dr. Jno. Madden, Milwaukee

WEDNESDAY AFTERNOON.

Surgery—

Address of Chairman: Osteomyelitis ..... Dr. H. A. Sifton, Milwaukee

Intestinal Obstruction ..... Dr. J. D. Ladd, Milwaukee

Report of Case of Recurring Multiple Sarcoma Cured by Contracting Erysipelas ..... Dr. P. O'Keef, Menominee, Mich

The X-Ray in Fractures ..... Dr. Ralph Chandler, Milwaukee

Surgical Shock ..... Dr. A. H. Levings, Milwaukee

Fractures About the Elbow ..... Dr. W. A. Batchelor, Milwaukee

Some Remarks Concerning Suitable Treatment, Before, During and After Surgical Operations ..... Dr. J. A. Jackson, Madison

The General Practitioner and the Surgeon ..... Dr. T. C. Malone, Milwaukee

Supplementary Report on a Case of Traumatic Epilepsy Treated by Cranectomy ..... Dr. H. Reincking, Sheboygan

Some of My Experiences in Abdominal Surgery ..... Dr. Jno. Specht, West Superior

Tuberculosis of the Genito-urinary Organs ..... Dr. J. R. McDill, Milwaukee

Medical Treatment of Varicose Ulcers of the Leg ..... Dr. G. A. Heidner, West Bend

Cystic Kidney—with Exhibition of Specimen

Anomaly of the Vertsebrae, with Specimen ..... Dr. Dwight Merenes, Milwaukee

Suppurative Synovitis of the Knee Joint ..... Dr. D. B. Collins Madison

Report of Cases:

a. Cicatricial Obstruction of the Gall-passages.

b. Forty Gall-stones Removed from the Cystic Duct with Subsequent Partial Stricture Duct.

c. One Gall-stone of 2cc. Diameters Removed from the Duodenal End of the Common Duct.

d. Two Hundred and Eighty Gall-stones Removed from the Gall-bladder with Perforation of the Gall-bladder and Colon.

e. Laceration of Middle Meningeal Artery with Exhibition of Specimen ..... Dr. F. Shimonek, Milwaukee

The Operative Treatment of Hemorrhoids ..... Dr. L. P. A. Valentine, Western Union

Pathology—

Address of Chairman: The Function of Pathological Anatomy Dr. A. J. Burgess, Milwaukee

Demonstration of Microscopic Specimens ..... Dr. A. J. Patek, Milwaukee

Advantages of the Weigert Staining Method in the Study of the Normal and Pathological Anatomy of the Nervous System (with Demonstration) ..... Dr. H. Reincking, Sheboygan

Pathology of the Endometrium ..... Dr. G. A. Kletzsch, Milwaukee

The Physiological Action of Bacteria, and their Relation to the Maintenance of Life ..... Dr. V. A. Gudex, Milwaukee

THURSDAY MORNING.

Practice of Medicine—

Address of Chairman: The Country Doctor in the Practice of Medicine ..... Dr. W. T. Sarles, Sparta

Epidemic Catarrhal Jaundice; with Report of Case of Acute Yellow Atrophy of Liver ..... Dr. C. M. Beebe, Sparta

Infectious Jaundice ..... Dr. W. H. Washburn, Milwaukee

Carbonic Oxide Poisoning ..... Dr. J. R. Barnett, Neenah

Diseases of the Climacteric Period, Advanced Life and Old Age ..... Dr. A. I. Comfort, National Home

Brain-Tire ..... Dr. James Mills, Janesville

Atony of the Stomach ..... Dr. A. J. Patek, Milwaukee

Delirium Tremens in Moderate Consumers of Alcoholic Beverages: with Report of Four Cases ..... Dr. R. Elmergreen, Milwaukee

Three Cases of Toxic Hemoglobinuria; Two Deaths and One Recovery ..... Dr. G. J. Hirth, Milwakee

The Passing of the Family Physician ..... Dr. E. C. Helm, Beloit

Pseudo-membranous Enteritis ..... Dr. M. B. Sharp, Madison

Gastrosuccorrhea Vel. Gastroxynsis ..... Dr. F. N. Sauer, Racine

Neurology—

Address of Chairman: The Relation of So-called Nervous Diseases to Mental Alienation ..... Dr. W. B. Lyman, Mendota

Paretic Dementia ..... Dr. S. B. Buckmaster, Hudson

Etiology, Prevalence and Treatment of Hysteria ..... Dr. U. O. B. Wingate, Milwaukee

Treatment of Hysteria ..... Dr. Darwin R. Stockley, Lake Geneva

The Circulation of the Nervous System ..... Dr. Herman Gasser, Platteville

A case of Amyotrophic Lateral Sclerosis with Degeneration in Goll's Columns and in the Medulla Oblongata ..... Dr. S. H. Friend, Milwaukee

The Importance of Early Treatment in Insanity ..... Dr. Moses J. White, Wauwatosa

Paresis in a Father and Son with Syhilitic Brain Disease affectiug second son ..... Dr. Richard Dewey, Wauwatosa

Cerebral Syphilis ..... Dr. Wm. F. Wegge, Oshkosh

A few Remarks on Insanity and Early Home Treatment ..... Dr. R. M. Wigginton, Waukesha

Evolution of Persecutory Ideas ..... Dr. W. F. Becker, Milwaukee

THURSDAY AFTERNOON.

Gynecology—

Address of Chairman: Catgut in Abdominal Surgery ..... Dr. E. Copeland, Milwaukee

Immediate Repair of the Perineum.....
.....Dr. G. V. Mears, Fond du Lac
Metro-Endometritis .....
Uterine Myofibromata.....Dr. C. W. Oviatt, Oshkosh
The Value of Ligation *en masse* of the Broad Ligaments in Removal of Ovaries and Tubes, with Demonstration of Figure of Eight Ligature.....Dr. F. Shimonek, Milwaukee
Colpotomy.....Dr. A. J. Puls, Milwaukee
The Structures Involved in Perineorrhaphy.....
.....Dr. F. B. Robinson, Chicago, Ill
Hysterectomy—Clamp Method.....
.....Dr. E. T. Fish, Milwaukee

Obstetrics—
Address of Chairman: The Country Obstetrician, His Duties, How to Avoid and How to Treat Obstetrical Septicemia.....
.....Dr. N. M. Dodson, Berlin
The Care of Cases of Abortion.....
.....Dr. M. Caldwell, Waukesha
The Midwifery Question.....
.....Dr. J. Noer, Stoughton
Eclampsia as an Indication for the Induction of Premature Labor and the Best Method of Performing the same.....
.....Dr. M. R. Hewitt, Milwaukee
Inversion of the Uterus.....
.....Dr. J. T. Scollard. Milwaukee
Puerperal Infection, Cause, Symptoms, and How to Avoid.....Dr. J. J. McGovern, Milwaukee

Pediatrics—
Address of Chairman: The Etiology and Treatment of the Diarrheal Diseases of Infancy.....
.....Dr. L. Boorse. Milwaukee
Infantile Scurvy, with Report of a Case.....
.....Dr. J. F. Pember, Janesville
Infantile Tetanus, with Report of a Case.....
.....Dr. T. W. Nuzum, Brodhead
Infant Feeding.....Dr. A. W, Kratzch, Milwaukee
Glandular Fever of Children (Drusenfieber).....
.....Dr. S. B. Sperry, Milwaukee
Milk and Infant Feeding.....
.....Dr. W. C. Bennett, Milwaukee
Influenza in Children.....
.....Dr. Wm. Sweemer, Milwaukee

THURSDAY EVENING.

Anniversary banquet at Plankinton House.

FRIDAY MORNING.

Ophthalmology and Otology—
Address of Chairman...Dr. G. E. Seaman, Milwaukee
Operative Treatment for Pharyngeal Adenoids
Macroscopic Specimens of Eye-Sections.....
.....Dr. H. V. Wurdemann, Milwaukee
The Extraction of Foreign Bodies in the Ear...
.....Dr. E. W. Bartlett, Milwaukee
The Present Status of the Use of Antiseptics in the Surgery of the Eye.....
.....Dr. J. A. Bach, Milwaukee
Eye Affections in Puerperal Eclampsia.....
.....Dr. C. Zimmerman, Milwaukee
Report of Cases:
a. Congenital Opacity of Cornea.
b. Bilateral Congenital Fistula of Lachrymal Sac.
c. Gumma of Inferior Turbinated Body.....
.....Dr. J. Steele Barnes, Milwaukee
Mydriatics and Myotics in General Practice.....
.....Dr. J. A. L. Bradfield, La Crosse
Some Cases Bearing on the Peripheral Causation of Epilepsy.....
.....Dr. F. H. Edsall, Madison

Laryngology—
Address of Chairman: The Value of Discussion in Medical Societies.....
.....Dr. H. B. Hitz. Milwaukee
Prevention of Nasal Catarrh .....
.....Dr. F. C. Rogers, Milwaukee
Asthma.....Dr. J. P. Thorne. Janesville
Syphilis the Larynx.....Dr. D. S. McArthur, La Crosse
The Influences of Gastric Disturbances upon Catarrhal Disease of the Nose and Post-nasal Space.....Dr. C. D. Conkey. West Superior
The Air We Breathe.....Dr. F. T. Nye, Milwaukee

State Medicine and Hygiene—
Address of Chairman.....
How to Prevent the Spread of Infectious Diseases in Our Dwellings.....
.....Dr. C. H. Marquardt. La Crosse
Vital Statistics and Health Laws.....
.....Dr. A. F. Fuchs, Loyal

FRIDAY AFTERNOON.

Medico-legal Section—
Address of Chairman: Criminal Responsibility.....Dr. W. F. Becker, Milwaukee
Life Insurance.....Dr. M. H. Clark, Milwaukee
Medico-Legal Aspect of Insanity.....
.....Mr. Charles Noble Gregory, Madison
Election of officers and annual reports.
The President's annual address.....
.....Dr. Wm. Mackie, Milwaukee

FOX RIVER MEDICAL SOCIETY.

The regular quarterly meeting of the Fox River Valley Medical Society was called to order by the President, Dr. T. J. Redelings.

The minutes of the previous meeting were read and approved.

The following applications for membership were received and favorably acted upon:

Dr. Chas. Zimmerman, of Milwaukee.
Dr. H. E. Mann, of Marinette.
Dr. S. P, Jones, of Marinette.
Dr. Robert A. Walker, of Menominee.
Dr. Frank P. Doherty, of Marinette.
Dr. T. A. Lid, of Marinette.
Dr. E. J. Addison, of Marinette.
Dr. Nancy Roger, of Menominee.
Dr. J. A. Brien of Marinette.

A paper was read by Dr. M. D. Bird, of Marinette, subject, "Immunity."

Dr. T. J. Redelings presented a case for diagnosis of peculiar pigmentation of the skin, simulating melanoderma.

A paper was read by Dr. T. A. Lid of Marinette on "Anæsthesia."

Dr. W. D. Bird presented a case, probably of chorea or some form of cortical degeneration, which was hypnotized by Dr. A W. Stoelting, of Oconto. During hypnotic sleep all choreic movements ceased. Dr. Chas. Zimmerman, of Milwaukee, read a paper on the subject, "Hæmorrhage After Removal of Tonsils."

Dr. T. J. Redelings presented a typical case of rickets.

A paper was rend by Dr. J. J. Looze, of Seymour, subject, "Scarlet Fever and Its Treatment."

Dr. A. W. Slaughter, of Green Bay, read a paper on "The Woodbridge Treatment of Typhoid Fever," being a continuation of his paper to the society at Appleton, April 27, 1897.

At half past seven the members of the society met in the banquet hall of Hotel Marinette and Menominee. A banquet was served followed by toasts, and an occasion of unusual enjoyment experienced.

On motion, a unanimous vote of thanks was tendered by the visiting members to the hosts of the evening who had thus signalized the meeting at Marinette, and rendered it one long to be remembered. Thirty-five members were present.

Imperial Granum is a reliable food made by a reliable firm. We always have more confidence in any product when we know it is made by responsible and honorable people. Physicians find their confidence well placed when they rely on Imperial Granum as a satisfactory food.

The Centralblatt fur Innere Medicin of March 5th contains an interesting article on the use of the gyromele in the diagnosis of diseases of the œsophagus, stomach and intestines by Dr. F. B. Turck, of Chicago. Dr. Turck proves that he was the originator of the gyromele and the first to use it. Dr. Turck has done much original and valuable work in his special field, and is an American physician, who is known as an authority in Europe. We have arranged to have Dr. Turck furnish an original article for the Recorder.

Physicians who fit glasses will be pleased with the prescription work done by J. M. & A. C. Johnston.

Our supply of ipecac come from South America. It was described first by writers in the seventeenth century.

The next meeting of the Central Wisconsin Medical Society will be held at Janesville, June 28th.

The iodide of lime made by Billings, Clapp & Co. is reliable, and can be depended upon for good results.

Psoriasis, according to late reports, is sometimes cured by thyroid extract, given in the usual dose.

Aconitine grows in Siberia and Central Asia and was first used in medicine by Storck in 1762.

The plague still rages at Bombay, India, and 1,000 to 2,000 deaths occur every week.

Physicians who extract teeth should have Dr. Dunn's dental fulcrum.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. I. JANESVILLE, WISCONSIN, JUNE, 1898. No. 6.

ORIGINAL ARTICLES.

ALKALOIDAL MEDICATION.

(Sixth Paper.)

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, O. T.

CICUTINE.

Cicutine, also known as coniine, is the active principle of conium maculatum.

Hemlock is supposed to have been the state poison of the ancient Athenians, who executed their condemned criminals with a draught of it.

As a medicine it has seen many vicissitudes of favor and disfavor from that time to now. Perhaps the reason of this can be found in the fact that ordinarily it is almost impossible to find a reliable preparation of this drug.

This is due (1) to the fact that no plant varies more in activity because of climatic conditions, moisture and time of being gathered. Even when gathered fresh, it may be almost destitute of the active alkaloid, and (2) all fluid preparations of the crude drug vary in strength as the plant does in alkaloid, and even a good preparation to begin with will deteriorate with age. So with these preparations it is obviously impossible to learn, in general, the dose necessary, and each sample must be tested before it can be given with assurance or even safety.

This fact not being generally known, reports all along the line of its history have been conflicting, some asserting its entire worthlessness, others stoutly maintaining its virtue.

Obviously to obtain definite results, good or bad, a uniform preparation is the first and most important essential. So far as this drug is concerned this is only to be obtained in the alkaloid.

The United States Dispensatory says that "coniine (cicutine) acts precisely as does hemlock, and may be used for the same purposes."

The results from the alkaloid are always uniform and no untoward accident need be feared from it. It may be given for certain conditions and indications hereinafter to be mentioned, fearlessly until it manifests its characteristic effect or the condition for which it is prescribed is relieved.

Like cannabis indica and many other valuable though uncertain drugs in their cruder forms, this drug has suffered the opprobium of the profession because of this unreliability.

While the value of them is recognized the fear of disastrous and unlooked for effects has deterred from their use.

In using this class of remedies the beautiful precision and accuracy of alkaloidal medication is demonstrated beyond cavil.

Another reason for the uncertainty of action of the cruder drug preparations, and which manifests itself especially in this class so noted for their variability, is the ever varying proportions of the different alkaloidal constituents of a given drug. These are known to be many, and sometimes having an entirely opposite physiological action.

It is possible for them to be present in such proportions as to poise each other.

The writer has used in his practice large quantities of cicutine and its hydrobromate, when indicated, with the utmost satisfaction and has found both to be absolutely uniform and reliable.

The standard granule of the alkaloid contains gr. 1–134, and of the hydrobromate, which is generally considered the better preparation because of its greater solubility, gr. 1–67. Each may be considered as equal to the other for all practical purposes.

Cicutine, when administered in large doses, spends its force principally on the end organs of the motor nerves, and in sufficient doses paralyzes them. Small doses affect first the sensory nerve endings in a manner not unlike aconitine. When given in large doses it occasions a peculiarly profound languor of the muscular system.

To a patient well under the influence of the drug any muscular effort however trifling, is a positive burden and followed by a profound sense of exhaustion. It is with great effort that even the eyelids are held open. It does not seem to affect the nerve centers in the brain. When a lethal dose is given consciousness is maintained to the last. On the cord it is believed to act both as a motor and sensory obtundant.

Cicutine is indicated in states of great muscular excitation, as in chorea, certain forms of epilepsy, when accompanied by violent jerkings and jacitations of the muscles, tetanus, and it will sometimes be found serviceable in asthma, especially when combined with hyocyamine or atropine.

Cicutine adapts itself well to the mydriatic group of alkaloids, emphasizing and making more permanent their action.

Sometimes it will be found to do amazing work when other drugs have failed, in maniacal excitements. It will give relief to many sufferers from functional dysmenorrhoea and may be combined with caulophyllin, hyocyamine or glonoin, When given for this trouble push all to full dosage.

Spasmodic retention of urine, especially from the irritable bladder of old age ("old men's bladders," as our friend Brodnax terms it) will often yield gracefully to cicutine and hyocyamine, 1 granule of each together every 15 to 30 minutes until relieved or muscular languor and dryness of fauces is perceived.

Storck first called the attention of the profession to its value in cancer. He enthusiastically proclaimed it curative. This claim, unfortunately, cannot be depended upon now, but without doubt it frequently will relieve the pains and neuralgias incident to that terrible disease, when everything else, including morphine, has been tried in vain.

Cicutine is of unquestionable value, combined in full dosage with atropine and calcium sulphide, in whooping cough. When thoroughly under the influence of this combination of remedies the little sufferer will find great relief from the number and severity of the paroxysms and the disease, so tedious to these little patients, will lose

many of its terrors and dangers. Try cicutine in the very next case of obstinate neuralgia you may have where every other remedy given has failed. It may fail, too, but the writer has several times witnessed results that have astonished him.

Cicutine lessens secretory activity of the glandular system, but in less degree than atropine. It is a useful remedy, and now that we can secure a product at once elegant and of uniform strength, its action should be studied all over again from the beginning. When the full effects of cicutine are desired they may be obtained without trepidation by giving one granule every 15 to 30 minutes until relief or a muscular languor and heaviness of the eyelids supervene. Beyond this point is neither safe nor necessary to go.

In giving it to children the usual rule applies.

COLCHICINE.

Colchicine—active principle of colchicum autumnalis—meadow saffron.

Standard granule gr. 1–134. Colchicine has all the good points of colchicum and none of its faults and perplexities. It has a clean, decisive action, so that when indicated it is a pleasure to give it.

It is a great depurator, stimulating bowels, kidneys, liver and skin to increased activity. It touches at every point of the eliminating system, but especially strong upon those organs which attend to the elimination of the nitrogenous elements and compounds. It cures by removing the effete and wornout products of tissue metabolism. In full dosage colchicine is an active cholagogue cathartic.

Colchicine is the old-time favorite remedy for the gouty and rheumatic diathesis—which is but a meaningless name for an auto-toxemia of the nervous and muscular systems due to imperfect elimination of waste tissue products, combined, perhaps, with those resulting from imperfect and incomplete tissue metamorphosis.

The one side of this vicious cycle we can successfully attack; we can stimulate elimination, and thanks to the indefatigable labors of Aulde and others along the line of cellular therapy, it is among the probabilities of the near future that we will be in a position to attack successfully the other side also.

In the gouty state colchicine seems almost to rise to the dignity of a "specific."

Perhaps the above desultory thoughts upon the nature of the so-called rheumatic diathesis will in a measure explain the reason why.

In subacute and chronic rheumatism as well as sciatica it is of great value, somewhat less so in acute. In the last mentioned, however, where there is a febrile reaction, combined with local ice applications and aconitine, colchicine will leave but little to be desired in the way of treatment.

The drift of professional opinion seems to be again setting back toward colchicine in these troubles and away from the salicylates.

In prescribing it for rheumatism in any of its forms the best results are obtained by pushing it 1 to 2 or even 3 granules every hour until a decided action upon the bowels is induced, then every 2 or 3 hours.

If in the course of treatment the bowels should manifest a tendency to become too loose, give gr. 1–3 of codeine with it.

In acute rheumatism, attended by fever and pain, combine with codeine and aconitine, or the previously mentioned defervescent compound granule. So soon as the pain is relieved omit the codeine.

Likewise drop the defervescent when the fever subsides, but continue the colchicine well into convalescence.

Where there is much stiffness of the

muscles, soreness of joints or in intercostal neuralgia of rheumatic origin bryonin is the remedy to combine with it for the reasons given when that drug was discussed.

In the many troubles having their starting point in the rheumatic diathesis, and their name is legion and so common and well known that it is not necessary to go into detail, colchicine in combinations varying to meet the indications, will be found to give satisfaction. But in using it the physician must eliminate all preconceived notions as to dosage from his mind and give it for effect—bombard steadily at one point until it yields, viewing the action on the bowels as the indicator.

I have also found it of marked value in the treatment of acne vulgaris when the vitality and functional activity of the skin seems below par. In these cases push it to active catharsis. That the good effect is not due alone to the catharsis induced is proven by the fact that active catharsis produced by other remedies does not have nearly so salutary effect.

It is usual to combine it with calcium sulfide or arsenious acid as indicated for this trouble.

COPPER ARSENITE.

Standard granule, gr. 1–250.

While strictly speaking copper arsenite is not an alkaloid, yet an alkaloidist would consider himself poorly prepared, indeed, for the battle against disease if he did not have a vial of it in his case.

After its rehabilitation by Aulde in 1888 it has been the alkaloid dosimetrist who has upon every occasion, emphatically asserted its merits. From Aulde all along the line it has been thoroughly tested by hundreds of competent physicians and when the author declares it to be the best remedy for the things for which it will be recommended in this paper, he speaks not alone from the fulness of his own experience with it, but also in perfect accordance with the experience of those ripe in years and usefulness—men whom he feels honored to revere as teachers.

Copper arsenite is familiar to all in one of its forms at least, that of paris green, which is a copper aceto-arsenite. So from the very common use of this article of commerce are we familiar with its poisonous effects as accidental poisoning from it is by no means rare.

It is primarily a gastro-intestinal irritant and when death ensues from a poisonous dose it is occasioned by the very violence of its assault upon the mucus surfaces of this tract.

While this is true of large and toxic doses, it does not take a profound mind to at once comprehend that the dosage may be so gauged as to cause merely stimulation of the same tract, which stimulation is its true remedial action.

The dose required to do this is small and to some who are accustomed to massive (in size) doses it may even seem infinitesimal.

It is tasteless and elegant. The smallest child will not object to it nor the most delicate stomach reject it.

Indigestion due to atonicity of the cells of the stomach will yield readily to it when bismuth and pepsin but mock one.

In that form of indigestion which clinically presents pain and a sense of fulness and distention after eating, give from four to six granules dissolved in a wine glass of hot water one half hour before eating and dismiss your patient with the calm and positive assurance that the first dose will benefit him. Rest assured that it will do so and that it will make for you a friend of that patient. Copper arsenite used for the above indications is one of the verities of medical practice.

In all fermentative disorders of the gastro-intestinal tract, and which fermentations ultimate usually in diarrhoeas and that protean faced monster "summer complaint," copper arsenite is one of our very best remedies.

It is assumed by some to be an intestinal antiseptic. It is not directly so. Indirectly it will asepticize the tract by and through its power of awakening the living but disorganized cells to a renewal of the fight against the invader. In this respect its action is in strong contrast to the sulfo-carbolates which act directly upon the fermenting mass and have but little direct influence over cellular activity. They accomplish good, (1.) By correcting fermentation and putrefactive changes within the stomach and intestines; the cells engaged in this fight are re-enforced and rested, so that later they become strong enough to carry on the work as nature intended, and (2.) By putting a stop to putrefactive and fermentative changes within the canal they limit the absorption and subsequent auto-toxemia resulting therefrom.

If, after a course of the sulfo-carbolates, the cells remain dormant, and upon their withdrawal the disease process returns, copper asenite is the remedy to arouse them to action and complete the cure.

Almost all of the diarrhoeas, "summer complaints" and "cholera infantums" are primarily due to a faulty digestion. A faulty digestion may be occasioned by many things inclusive of dietary, but this phase of the question will not be entered upon here.

The author believes it to be impossible for the various so-called disease-breeding bacteria to develope malignancy in the secretions of a normal gastro-intestinal tract. This being true, our directest route to a cure of these troubles is to re-establish normal digestion. In order to do this it frequently is necessary to sweep out toxic material in the tract which through absorption is threatening life itself. This being done by means of cathartics and sulfo-carbolates there are two remedies which should never be forgotten—copper arsenite and nuclein. Copper arsenite will frequently relieve obstinate vomiting. For this purpose give 1 granule dissolved in a little hot water every 10 to 20 minutes to an adult.

Aulde abates typhoid fever with copper arsenite and nuclein alone. The dose of copper arsenite may be varied between 1–10,000 to 1–50 of a grain. Ordinarily to a child of 6 to 10 years, suffering as described above, the writer places 6 to 12 granules in a glass containing 24 teaspoons of water. Of this give 1 teaspoonful every 10 to 30 minutes until improvement appears, then every 1 to 3 hours. From this as a starting point the dose for any age or condition may be arrived at.

Much more could be truthfully said of this excellent remedy, but to whomsoever will divorce himself from the old opium-bismuth treatment of these summer disorders it will not be necessary. From this time on the remedy will sing its own praises.

(To be continued.)

IRITIS.

By J. A. Pratt, M. D., Aurora, Ill.

In discussing a subject that is of so much importance, not only from its frequency, but the results left from this disease, it would be well to be versed with the latest knowledge in reference to the anatomy and physiology of the iris. It is such a little thing, this "curtain of the soul," that we are apt to neglect its details.

There is a question I will ask the readers in reference to the iris post mortem. What is the condition of the iris as to contraction or dilatation

before rigor mortis, in non-toxic death? I would be pleased to receive expressions on this question at once or after investigation.

The iris is the continuation of that vascular stratum of the eyeball which consists of the choroid, ciliary body and iris. It is a perforated membrane stretching in front of the crystalline lens. The pupillary portion rests on the anterior surface of the lens, while the periphery is attached to the choroid just in front of the ciliary processes. This proximity of the iris to the lens, causes the most deplorable sequelae of the disease, which is frequently so admirably averted by atropin.

Embryologically the iris is derived from two sources, the mesoderm and the ectoderm through the optic vesicle.

Histologically it is divided into five layers—anterior endothelium, anterior boundary layer, vascular stroma layer and the posterior limiting layer from the mesoderm, and the pigment layer from the ectoderm.

The anterior boundary layer contains the lymph spaces and vessels. In the vescular layer we find the bloodvessels, nerves and around the pupillary margin the muscular tissue forming the sphincter pupillae, as also the radiating fibres which are supposed to form the dilator pupillae. Here we have a dispute of authorities as to the existence of a dilator muscle. We are settled in reference to the sphincter, and to the finding of certain radial fibrillae which resemble muscular fibre, but yet cannot be absolutely identified as such. These fibrillae by some are considered as elastic in character, which with the elastic posterior limiting membrane give sufficient elasticity to the iris. This fact considered with the rapid contraction and slow dilatation of the iris, proves that the one important muscle of the iris is the sphincter, if it is not the only one.

The nerve supply of the iris consists of the long and short ciliary nerves. The long ciliary nerves coming from the nasal branch of the ophthalmic division of the fifth, supplies the iris and the ciliary processes. The short ciliary nerves come from the lenticular ganglion, which receives motor branches from the third, sympathetic branches from the carotid plexus and sensory branches from the nasal branch of the fifth, being distributed to the choroid, ciliary body and iris.

We find that the light stimulus, which contracts the iris, causes a reflect act, the optic nerve is the afferent, the third nerve the efferent, and the centre, a portion of the front floor of the aqueduct at the level of the anterior corpora quadrigeminae. By covering one eye, the iris of the uncovered eye will be seen to dilate considerably, showing that the contraction is in direct proportion to the stimulation.

Atropin and eserin act upon the iris locally.

(To be continued.)

HISTORY OF A MONSTROSITY.

By M. T. Martin, M. D., Merrimack, Wis.

In order to cause you to feel better acquainted with the characters in this brief dram a, I have taken the liberty of mentioning some incidental matters not absolutely essential to the completeness of the narrative.

On the dark, cold night of December 21, 1895, I was summoned seven miles over terrible roads, in narrow passes, through dreary forests, over rocks and stumps and dangerous holes, to attend a lady in confinement. However, it was a very pleasant family, and a homelike place, and everyone was so friendly and appreciative of a physician's efforts, that I should have felt fully remunerated for all my

trouble, even if no monetary consideration had ever been received. Everything moved on naturally and well, and a man-child was ushered into this earthly life.

There were half a dozen other children in the household, among whom was a fine looking girl of about 14 years, who is the heroine of this story. The mother called my attention to the fact that this daughter, after menstruating for a year or more, had suddenly ceased, and there had been suppression for several periods. Treatment was commenced with quinine, iron, arsenic and strychnine. The galvanic current was then applied, one electrode to the sacrum and the other just above the symphysis pubis.

Under this course the menses returned almost immediately, and continued with regularity through the months of January, February and March. After March there was again a complete amenorrhoea. Neither the girl nor her parents took any measures toward the reinstatement of the flow until the middle of August. At this time remedies were exhibited approximately the same as were employed during the previous similar condition. The electricity was administered upon two or three occasions. But the difficulty was not so easily overcome as before. In giving electricity, on account of the youthfulness of the patient and her apparent modesty, I did not expose the abdomen, but allowed her to pass the electrode underneath the loosened waistband of her skirt.

After seeing her three or four times my suspicious were somewhat aroused and when she applied the electrode I remarked that she looked more fleshy than usual. And I asked if her abdomen were not more prominent than when I saw her in the winter. She denied that she was either larger or heavier than six or eight months previously. The questions were not pressed at this time, but ere another opportunity offered to interrogate her upon the subject, her father came to me and said that the old women were reporting around that his daughter was enceinte. I told him that I could hardly credit the rumor but promised to ascertain the truth or falsity without delay.

The following day the little girl came to the office alone and I gently broached the very delicate matter. In such perplexing exigencies it has always seemed better to err upon the side of charity than to accuse a young girl of loss of virtue when she is innocent. However she quickly confided to me the whole story, which her parents could not by any means elicit. It transpired that the young people celebrated Easter night with a party. This young girl was accompanied home through the woods by her cousin, a young man of about twenty years. At this time she alleged the act was consummated.

This simple recital confirmed me in a previously formed opinion that parents and guardians very commonly allow too much freedom between cousins of opposite sexes. It seems that cousins possess passions as warm and overpowering as those who are not related by ties of blood.

Exactly one year from the time I was called to the mother, I went over the same rocky road in the middle of the night to attend the deeply wronged daughter during the severest ordeal which comes to womankind. It was the same room, the same bed, the same labor-pangs of the year before. But this time there was sorrow, regret and solemnity. There was no expectant joy after the agonizing pains had passed away. A deep cloud of gloom weighed down every heart. The child-patient hardly realized that she would shortly become a mother, and that a lifelong burden would soon cling to her youthful breast for sustenance

and protection and a mother's sympathy and affection. The parents moved around the room in silent grief, fully comprehending all the future trials facing the poor unfortunate girl. They were good to her, and made desperate efforts to cheer and comfort their unfortunate daughter.

But time passed rapidly on, and, with no unusual event, the babe was born a little after midnight. The new being was a sad sight to behold. Both feet were clubbed, the right knee was ankylosed and the patella seemed to be on the posterior aspect of the joint. The eyes bulged from sockets, and the lids were totally inadequate to inclose the globes. The head was small and misshaped. A well marked ridge extended from the root of the nose over the calvarium to the occipital protuberance. The physiognomy was actually hideous, and made one sick at heart to gaze upon it. Life was present for about two hours, when it flickered out and went to that bourne from which no traveler returns; thereby relieving the child-mother of a fearful responsibility and allowing her youthful error to gradually fade from the memory of her friends; thus also showing how providence smoothes life's pathway for the frail creatures.

Some may deem it incredible that a physician should allow himself to be drawn into such an error of diagnosis in the fifth month of pregnancy. But it is said that honest confession is good for the soul. Perhaps some of my brethern can duplicate this mistake. Perhaps some can go me one better.

However, there are some points to be mentioned in extenuation of the oversight. First, she was only fifteen years of age. Second, she had previously had a cessation of the catamenial flow. Third, this flow had been reinstated by the proper remedies. Fourth, She had a very innocent appearance. Fifth, the abdomen was not sufficiently enlarged to attract attention. The main question I wish to ask of the fraternity is: Did the electricity exert any untoward influence upon the development of the fœtus?

FAULTY ELIMINATION A FREQUENT CAUSE OF PELVIC TROUBLE.

By C. A. Beebe, M. D., Marshall, Wis.

My apology for calling your attention to a subject that is supposed to be thoroughly comprehended in all of its phases by every physician and of which so much has been written for our journals, is that with all the emphasis that has been given the subject I believe it is often overlooked. We fail to apply our general knowledge of the subject to individual cases, especially where our conclusions have been reached from our old habit of thought based on old text-book teaching, which appeal to our minds first from force of habit.

When we are called to prescribe for patients, of either sex, past middle life complaining of pelvic trouble consisting of kidney or bladder derangements, or prostatic trouble in the male, we think at once of the probable condition of faulty elimination. We expect at that period of life diminished energy, with a tendency to sedentary habits, causing imperfect oxidation, bringing on a weakened circulation with imperfect functions generally.

But when patients in their teens come to us with functional and inflammatory troubles of the pelvic organs, we are not so apt to apply the same logic as to the class of cases just mentioned. My attention was called to this subject some years ago

by patients from the high school. They were farmers' daughters, and I know had ordinary health to the beginning of their high school work. They had studied as hard in the district school and some had menstruated for some time, so that the troubles common to students at puberty, which are usually attributed to over mental activity, would not apply with much force. I believe the explanation to be in their change of habits. At home they got exercise and more or less out-door air, while at high school they roomed in the same building and went out very little. In a few weeks they began to be irregular with their menses, followed by amenorrhoea and other functional troubles. At first I gave the orthodox treatment of the text-book with negative results, but when elimination was aimed at, the treatment was satisfactory.

This experience has led me to keep the subject of elimination prominently before me, when considering cases to the widest range of causes. You may have seen the article of Dr. L. Duncan Bulkley, of New York, in the Journal of the American Medical Association, for Jan. 8, 1898. Dr. Bulkley is a specialist in skin diseases and a great many patients come to him for treatment for skin diseases, giving histories of long, protracted and unsuccessful treatments from gynecologists. He gave the clinical histories of a number of cases and of one in particular. A lady had an elevator put in her house, because she suffered so from uterine trouble that she could not climb the stairs to her room. Her first visit to the doctor was made in a carriage and he was obliged to see her on the ground floor as she could not reach his office on the second floor. After a diuretic treatment for the skin trouble for a time, she completely recovered from all her troubles. It was a common experience with him that when the skin disease was removed by the use of diuretics and general elimination, the pelvic trouble disappeared at the same time, although no thought or attention was paid to the pelvic trouble by the doctor. To this I would like to add my humble opinion, that often the most successful management of such cases is to discontinue the repeated suggestion that they have womb disease, which they are constantly receiving during treatment by a gynecologist.

Dr. Etheridge, of Chicago, who treats his patients with pelvic trouble on the line of diuresis and general elimination, to a large extent, has formed a table of the proper urinary solids excreted for 24 hours according to age and weight. A 90 pound person excretes 500 gr.; 150 pound, 920 gr.; 180 pound, 1100 gr.; about 7 gr. to each additional pound; from 40 to 50 years deduct 10 per cent, 50 to 60 years 20 per cent. Diet and exercise would vary these figures. His method for estimating solids is, multiply last two figures of specific gravity of urine by number of ounces voided in 24 hours and add 10 per cent. Thus 36 oz., specific gravity 1021, 756 plus 10 per cent, total 831, the number of grains of solids in the whole amount. He makes frequent examinations and regulates the treatment accordingly, until the normal amount is excreted daily.

It is understood that these cases do not have any organic kidney diseases, only faulty elimination from various causes, such as improper diet, lack of pure air, exercise, or mental depression due to care, anxiety and the many disappointments of life.

Professor Supo, of Naples, is advocating a new treatment of diabetes. The patient is put on an exclusively vegetable diet, vegetables of all kinds being allowed.

CHOLERA.

By Josie Ocasek, M. D., Delavan, Wis.

The name is derived from the language of the Greeks, who were a highly cultured people. It signifies the gutter of a houce that carries off the rain. The first part of the word signifies "bile," the secretion of the liver, and the first symptom of the disease is diarrhoea or running off from the bowels. The diarrhoea is an effort of nature to get rid of noxious matter that has accumulated in the system. It is an indication we should heed, and proceed at once to cleanse the intestinal canal, not by violent purgatives that of themselves may do harm, but by gentle, .and, if possible, harmless measures.

Now, what is the cause of cholera, for the cause is always an important thing to know? Koch and his followers tell us it is the comma bacillus, others ascribe it to fear. Now, we grant that fear, if present, may have something to do in paralyzing or deranging the nerve force, and we may therefore wisely eliminate all fear by making ourselves early as possible acquainted with the benevolent principles and true philosophy of being; but fear alone will hardly serve to explain all the phenomena of cholera. We must look further. In deference to science we admit the presence of the comma bacillus, but we cannot intelligently admit that cholera and comma bacillus stand in the relation of cause and effect. What has science to tell us about the comma bacillus? Why, only this: It is a little rod, or mite, having the form of a comma in punctuation. But it is the comma without the head or dot. So much, after years of study, is revealed by the microscope. And this little creature, living or dead, which in some mysterious way is conveyed into the intestinal canal is supposed to be the cause of cholera and we are expected to accept this explanation as a scientific fact. If, however, we accept it, we have gained nothing. We cannot quarantine these little creatures and their admitted presence is no intelligent guide to the treatment, or to means of prevention. What, then, is the real cause of cholera? We might answer, in general terms, a failure to observe the condition of our being as the primal cause; but there is also a material cause, and that we must know, since the general statement of the mental cause does not guide us at once and directly to the rational treatment.

Our theory of the cause is based not on direct experimentation, but on observation and logic, facts and common sense. At any rate we have come to the conclusinn that many forms of disease and among them cholera, come from fermentation and putrefaction of organic substances taken as food and from decomposition of waste matter in the system, producing one or more poisonous products.

Cholera implies defective drainage. It may be defective drainage of the body alone, or cities and towns. Here, there is the material cause of of cholera, viz: Poisonous products of decomposition.

Cholera infantum is due to mismanagement in feeding. The nursing bottle is often allowed to become sour, or the milk used, is adulterated.

Diarrhoea is one of the earliest symptoms. Usually vomiting occurs, either at once or within one or more days. Where the decaying matter is mostly in the stomach free emesis may give almost immediate relief. Attending the vomiting and purging there is generally diminished temperature of the body, cold sweats, and cramps in the limbs; and sometimes abdominal pain, and collapse.

Irrigate the stomach and bowels

with water and thus wash away, so far as possible, all offending matter. Warm or hot water for the bowels is better than cold, because the system is in a state of depression. Having washed out the entire intestinal canal we must next employ mild antiseptics. Boric acid and camphor water—five grains of the acid to one ounce of camphor water. A pint of the water may be injected into the lower bowel and retained if possible, and a dessert spoonful may also be taken into the stomach every five or ten minutes till the patient is relieved.

The peroxide of hydrogen of four per cent. strength is said to be mild and efficient. It may be used like the camphor water. Or two drops of spirits of camphor may be given on a small lump of sugar every five minutes for one or two hours unless relief is sooner obtained. Do not confound camphor water—a pint of which contains not more than four grains of camphor, with spirits of camphor which is much stronger. With judicious nursing the above treatment is sufficient for the most cases of cholera.

SHORT TALKS.

By the Editor.

Dr. Pratt's article is a solid foundation for his series on iritis All who see this number will find that it will pay to subscribe and get a complete treatise on the subject.

* * *

Doctor, please send in a description of your methods of treating diarrhoea, dysentery and cholera infantum. Don't be afraid that we will get too many articles, for if we receive more papers than our present space will hold we are willing to add more pages. Everything of value will be published.

* * *

Elimination is important and Dr. Beebe presents some practical ideas on the subject.

The Recorder intends to always have seasonabie and practical articles. What Dr. Blesh says under the head of "Copper Arsenite" gives in a nut shell the modern treatment of summer diseases. Dr. Ocasek's article on "Cholera" is instructive and of interest at the present time. A number of articles on summer diseases will be in the July number.

* * *

Dr. Martin's article makes interesting reading and also furnishes points for thought and discussion. What influence, if any, did the electricity have in causing the monstrosity? Also, did the near relationship of the parties, have any influence? We hope some of our readers will send in their opinions. Dr Martin is right. There is too much freedom not alone among cousins, but among young people not so nearly related. Many young girls are all over our cities, nights, who should be at home. The curfew law now in force in some cities has much to commend it.

* * *

Dr. Lawrence in an editorial in the last Medical Brief says: "Most doctors know that colchicum is a grand remedy in the treatment of sciatica, but few use it. Why? Because the doctor strikes a good preparation one time and is charmed with its action, but the next time he prescribes it, he makes a discouraging failure, and as the failures exceed the sucress, he gradually loses confidence in the remedy and discontinues its use. He is robbed of a valuable drug because he does not know where to obtain a preparation of definite and uniform strength." I agree with all the doctor says and this emphasizes the need of using goods of a reliable make. But why not use colchicine? I have used colchicine for six or seven years and have always had as uniform and satisfactory results as could be expected.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

COMMENTS ON MAY RECORDER.

The May number is on my table and as usual is full of extra practical thoughts that are just what the busy practitioner finds so useful in his every day work. The Recorder is not a yearling yet, but it is a lusty infant, that shows its individuality in an excellent way, that is winning it success and circulation. If it keeps up its high standard of medical thought in the future, I bespeak for it a sure place among its competitors, and a strong galaxy of readers. I am certainly pleased with its contents every time it comes to see me, and I don't find it full of husks, as I do some journals, neither, but get something that I can use with profit. One number alone is worth the price of the whole year's subscription, and yet our good editor offers us a premium worth one dollar.

Dr. Blesh's articles on Alkaloidal Medication are very valuable and timely, straight to the point, not containing anything but what is useful, and illustrating the therapeutic action of each drug. No one can read them without profit, more light (which we all need) and an appreciation of his "whys and wherefores." Bryonin is one of our most useful alkaloids and so little understood in its real therapeutic action by a large number. Dr. B. gives its action very nicely, and although I had given some study to bryonin I got some new and excellent ideas from his article which I expect to profit by in my practice. I was particularly impressed and very forcibly by his statement in reference to chronic ailments that it should be given continuously for from one to three months "before giving up in disgust and declaring bryonin is no good." That is just where about three-fourths of the brethern fail in using bryonin, and not only bryonin but other alkaloids. Let us be sure of our diagnosis, then select the alkaloid or alkaloids indicated, persist in their use, and they will be the "balls" that will knock the "bull's eye" with therapeutic effect, and will be clinchers that will pay us in our practice. I have used bryonin for over three years and always have it at hand. I believe it has a wider field for use than we know of now and in future years we will find more applications for it. Dr. Blesh give us more of that alkaloidal truth that the searcher of the light finds so refreshing.

We always get something fresh,
On alkaloids from Dr. Blesh;
Facts of a practical kind
To refresh the eager mind.
So, docter, come again in June,
When spring is in her bloom.

I must not get too poetical in my comments or Dr. Thorne will consign my article to the waste basket.

Calcium sulfide is one of the sheet anchors with which to grapple in all suppurating conditions, no matter where, as to locality. It must be pursued until the system is therapeutically effected. In tonsilitis, diphtheria, or wherever there is any tendency to pus formation, give calcium sulphide and you will have a standby. Of course, we must use a good quality that we are positive is all right or we shall be disappointed. Then we know that it is taking effect by the odor of the patient's breath.

Right, Dr. Blesh. The bowels should invariably be thoroughly cleansed out in any ailment in the commencement of

medication. The alternating of arsenious acid with calcium sulfide in acne vulgares is a new thought to me. Thanks, doctor, I'll try it. What we want to put in our articles for the Recorder or any other journal we write for, are our best thoughts and observations for the "whole profession." I like that motto of Dr. Thorne's, "For the Whole Profession." No narrow minded bigotry about it in any degree. Calcium sulfide is an indispensable article that every up-to-date practitioner should thoroughly understand and use as it will be a winning card, and if used where indicated it makes both patient and doctor happy. Anything that comes from Abbott can stand the test and the name alone is a voucher of merit. I am anxious to read Dr. B.'s June article, for I know it will be good. We appreciate your thoughts. Doctor, by the way, have you tried zymotoid in treatment of diphtheria? I honestly believe that with calcium sulfide and zymotoid we would not need antitoxin. I have not had a chance to test it yet in diphtheria.

Dr. Allaben's article on "Surgical Gynecology," is a very excellent contribution and has some good points that are worthy of noting down for reference. How many a pure, noble women suffers from the discretions of the husband's ailments contracted in their "sky-larking" days. The poor wife suffers innocently and not for once considers in many cases who is the cause. We do not all perform laparotomy, but we do all have those cases of uterine derangements, and he who knows how to treat them most successfully will have due credit for it in praises of his lady patients.

"Paracentesis of the Tympanum" by Dr. Pratt is a very fitting and valuable article which should be heeded by every general practitioner when cases of ear trouble present themselves. Yet, very many of us do not do the best thing for our ear cases, and instead of performing paracentesis, we use some "ear-drops" as Dr. Pratt says, and give ourselves no concern or allow our consciences to trouble us, but let nature rupture the tympanum, Are there not many cases of deafness of a more or less degree, due to the neglect of the doctor who failed to perform paracentesis? If anyone reads Dr. Pratt's instructions who does not know the salient points, then it is time for him to get a book and know the things he ought to know. Many of us are neglectful and should get out of the "rut." Wake up, doctor, hustle and don't be a drone. Doctor, have you any more "pointers?" If so, let's have them. I find a thorough cleansing of the ear with either zymotoid, pix cresol or alcohol, then mopping out with dry pledgets of cotton antiseptic, and then dusting the ear with impalpable boracic acid. (Wyeth's) or Wise's eucalendulated boracic acid does the best work in ear discharges and will cure much quicker than wet dressing. I hope we will all read Dr. Pratt's details with benefit.

"Some Coal Tar Derivatives" treats of familiar friends as to drugs, and something we use almost every day, and how useful they are. Dr. Snyder handles the subject in a familiar way that shows that he has proven the effects of the derivatives cited. Phenacetine is certainly very good, though expensive. Has Dr. Snyder tried zomakyme? If not, he will find it as effective as antikamnia and much cheaper—four ounces for one dollar (Maltbie Chemical Co.) I have tried both and prefer zomakyme. Doctor, try it, and prove it and find out for yourself.

"War With Spain," the topic of chiefest interest now. It shows that Dr. Thorne is patriotic. War is cruel, but it is for down-trodden humanity, who have felt the grip of Spain's fiendish and

cruel hands for years; who have made a most noble struggle to gain what is theirs in the sight of all right and reason, and who deserve all the help we Americans have and will give. No wonder "our boys" respond so unanimously to their country's call to help our sister, who has stretched out her hands to our aid. Then the brave men of the Maine who were murdered in cold blood by the dastardly Spaniards in the most treacherous way. Dewey paid them back for it in the Manila bay battle. "What we did at Manila, we will do at Havana," is a good motto. Our helping Cuba is just and right and every true American will say so.

Glycerinated calf lymph is something new, and we trust it will not have a craze and then die out as Koch's lymph or Koch's tuberculin, because "weighed and found wanting."

Dr. Thorne's ideas of the free dispensary are very true and timely, and it is also too true that many persons use them who are able to pay for treatment. It is an evil that needs to be regulated in the right channel. So is the free clinic also. We trust that Dr. Pratt's article on iritis will be bristling in good things as his one on the ear was. Betz's hot air bath is a corker on rheumatism and knocks it out too. Illinois is fully in line by having a board of examiners if the bill passes. The transactions of the Wisconsin State Medical Society are interesting. The program showed a feast of good things.

S. D. Sour, M. D.
Princeton, Minn.

AN OPINION.

The Wisconsin Medical Recorder, Janesville, Wis.

Dear Sirs: Received labels all O. K. Can say I am well pleased with the journal and labels. Your journal is worth the money alone. You can place me on your list as a permanent reader. Wishing you unbounded success, which will follow such noble work, I remain, Yours fraternally,

Dr. M. W. Yencer,
Boston, Ind.

If "the proof of the pudding is the eating," Dr. Yencer should know whereof he speaks as he has been a member of the Recorder family several months. Our labor is made much pleasanter by the appreciative letters we are receiving from many subscribers. This number will reach a good many physicians for the first time and we should like such to read this number, examine our premium offer and see if they do not agree with us that we offer large value for a dollar. A thousand of our premium labels are, alone, well worth a dollar. Many letters on file in our office show that many subscribers share this opinion with us.

IQUININ.

Iquinin is a new product of the cinchona bark, which is rapidly making friends among the doctors, especially those having patients who cannot take quinine without suffering from the ill effects of same.

The following is an extract from one of the many letters of endorsement received by the Iquinin Chemical Company of St. Louis; "The patient has never been able to take sulphate of quinine without suffering greatly from what might be termed its poisonous effect on the nervous system, such as dizziness, roaring noises and sick stomach. I gave her iquinin, and she did not suffer the least inconvenience or bad effects from it."

The mild effect would be quite a desideratum in prescribing the new remedy. It affords the system the full effect of the cinchona alkaloids, without any of their

injurious results on the stomach and nervous system. The company also produces laxiquinin and toniquinin, which in conjunction with iquinin form an ideal "anti-malaria combination."

We wonder if our friend, Dr. Brodnax, has tried these new preparations. The doctor wages war against quinine, but perhaps he would find these preparations satisfactory. Our readers can obtain samples of these new preparations if they write to the manufacturers.

THE AMERICAN MEDICAL ASSOCIATION.

Denver has redeemed her pledges, and the forty-ninth annual meeting of that association just closed, has been one of the most satisfactory in its history. The very atmosphere of Colorado seems to be imbued with hospitality. The attendance has exceeded all expectations, the registration reaching 1600. In the absence of President Sternberg the chair was gracefully filled by First Vice-President Joseph M. Mathews of Kentucky.

The entertainments provided by the local committee were not only elaborate but pleasing in the extreme, and the memories of Denver's beauty spots will ever remain in the minds of the visiting physician.

The following officers were selected for the ensuing year: President, Joseph McDowell Mathews, of Louisville, Kentucky; First Vice-President, W. W. Keen, of Philadelphia, Pa.; Second Vice-President, J. W. Graham, of Denver, Colo.; Third Vice-President, H. A. West, of Galveston, Texas; Fourth Vice-President, J. E. Minney, of Topeka, Kansas; Secretary, William B. Atkinson, of Philadelphia, Pa.; Treasurer, Henry P. Newman, of Chicago, Ill.; Members of the Board of Trustees—Alonzo Garcelon, of Maine; I. N. Love, of St. Louis, Mo.; H. L. E. Johnson, of Washington, D. C.

Next year the meeting will be held at Columbus, Ohio, and as it will be the semi-centennial of the society, the meeting will be a lively one in every way.

QUERIES.

Dear Doctor Thorne: I am glad to have subscribed for the Medical Recorder, as it contains plenty of practical suggestions for a general practitioner. I should like to get a good article on the treatment of otitis media before, and especially after, the rupture of the membrana tympani—a treatment that can be carried out by the patient or relatives themselves, at least in part. Further, I should like to see a good discussion in your journal on the treatment of gonorrhœa and its complications. H. P. Harder, M. D.,

Evanston, Ill.

Dr. Pratt's article in the May Recorder, page 107, and Dr. Sour's article in this number give some pointers on otitis media. We should be glad to have others express their ideas on this subject.

We hope some of our readers will respond to Dr. Harder's request for a discussion of gonorrhœa and its treatment. This is a most practical subject and every active practitioner has some valuable ideas. The chief local treatment of gonorrhœa consists in using antiseptic washes, but the question is, which one is most deadly to the gonococcus.

Treat's Annual for this year devotes several pages to the treatment of gonorrhœa with ichthyol, one per cent. solution; also, attention is given to the treatment of gonorrhœa in the female by means of formolin applications. Hydrozone, properly diluted, and zymotoid are used by a great many practitioners with good results.

Soluble gelatin bougies, containing protargol, antinosine, argonin and other antiseptics, are well liked by those using them.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.
WM. HALL, Business Manager.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers,
Janesville, Wis.

QUALITY.

When the patient comes to the physician he wants relief and cure from his disease. As a general thing he does not care how well the physician understands the pathology of his case, if he does not secure the desired help he goes to another physician. In order to get the best results we must have the best working tools. After we have made an accurate diagnosis our success depends largely upon the quality of the medicines used; hence, we should always see that they are of superior quality.

Those who write prescriptions should see that they are filled by druggists of honor and ability, who will accurately fill prescriptions exactly as written, using the best drugs. Substitution is an evil not as frequent as formerly, but it still exists. Substitution and the use of inferior drugs, in the past, are largely responsible for the large number of physicians who do their own dispensing now.

The physician who dispenses his own medicines should use only the best. It is a losing investment to use inferior preparations, even though bought at a low price. The physician does not want to pay exorbitant prices for his drugs, and neither should he want to buy goods at a price so low as to raise a question as to quality. We have known, for example, pills and tablets containing codeine to be sold for less than the contained codeine could be purchased. There is something wrong with such goods, either in quantity or quality.

For your own success, if for nothing else, always use a good grade of medicines. You are judged by your results, and to have satsfactory results, it is necessary to use reliable preparations.

INFANT FEEDING.

As the summer troubles of infants are now beginning it is an important matter for the physician to give attention to methods of feeding the babies.

Of course, mother's milk stands preeminent as the infant's food, but in a large number of cases this cannot be furnished for many reasons. Many a mother has little or no milk supply, and many are in a condition which precludes nursing. The mother may have some disease which would make it entirely unfit for the infant.

Cow's milk, as a general thing, is unfit for an infant food unless modified in some way, as by sterilizing or pasteurizing. In some of the cities there are laboratories for preparing the milk, but in the majority of cases it must be done by the mother. An apparatus can be purchased for preparing sterilized milk at home, which will work nicely. Pasteurized milk can be readily prepared by the following method: For a child six months old, take a quart bottle of milk which has stood for a short time, take off for use the upper quarter; that is, one-

half pint of the milk with what cream has risen thereon; add to one pint boiling water and dissolve in it twelve drachms of sugar of milk; next add a half pint of milk and then add one tablespoonful of fresh lime water to each gill of food. Bottle this food in quantities just sufficient for each feeding. Each bottle should be completely filled and then corked with cotton which will permit the escape of gases. Now, submit the full bottles to a hot water bath for thirty minutes under a temperature of 167 degrees F. Cool quickly and securely cork and keep on ice or in cold water until ready for use.

Sterilizing or pasteurizing milk requires much more labor than many mothers will attend to. Again, the milk food thus prepared will not always agree with the infant. Therefore, no matter how highly we value the above methods of feeding, there is the need of reliable prepared foods. Imperial Granum is a food which can be added to any form of modified milk, increasing its nutritiousness. A good, nutritious, safe and easily assimilated food can be made by heating cow's milk just enough to destroy pathogeic germs and adding Imperial Granum and lime water. This has the advantage of being easily and quickly prepared.

Another worthy food is Milkine which comes in powdered form and is prepared by the addition of water. It contains all the elements necessary for proper nutrition and many times will be found just what is wanted.

These two prepared foods can be relied on and physicians will do well to use them as indicated. Different cases will require different feeding and if every case is carefully studied and the proper food used an important step has been taken in the prevention and treatment of gastro-intestinal diseases of children.

In this brief article we have merely given a few hints on the subject. Every physician has some valuable ideas on infant feeding and we should be pleased to have our readers give us their opinion on the subject.

DR. ROBERT TILLEY.

Dr. Robert Tilley, of Chicago, died at the Lexington Hotel of heart disease, June 2. He was an eminent physician and especially well known on account of his ability as an oculist. He graduated from the Chicago Medical College in 1876, and practiced continuously in Chicago. He had been on the staff at St. Luke's Hospital for fifteen years and also held other hospital positions. As a clinical teacher he was always thorough and earnest.

The editor, while attending Dr. Tilley's clinics a number of years ago, was always impressed by his absorption in his work to the exclusion of everything else.

THE WAR.

The medical department of the army, under the direction of Surgeon-General Sternburg, is doing all possible for the army. European authorities say that never before was an army as well cared for and as well fed as the large and efficient American army, which has sprung into existance during the past few weeks. The medical department has not only provided for the care of the wounded and sick, but has seen that the sanitary surroundings and diet of the soldiers are proper. A complete hospital ship, the Relief, has been prepared for the navy, and with its companion ship, the Solace, will be ready to care for the injured and sick and transfer them to shore hospitals. The Relief hast all he equipments of a modern hospital, iucluding an X-ray outfit and can accomodate 300 patients. A hospital train has been prepared to take patients to the field hospital at Chickamauga.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Smallpox and malarial typhoid are the prevailing diseases at Manila.

Jefferson Medical College will soon erect a new building at Philadelphia.

Erysipelas antitoxin is being used in the treatment of epilepsy with some success.

In order to have a legal marriage in Norway both parties must have been successfully vaccinated.

Dr. Frank Billings, of Chicago, has been made professor of medicine and clinical medicine in Rush Medical College.

Munkacsy, the celebrated Hungarian painter is hopelessly insane and has lost remembrance of his ability and success as a painter.

Bovinine internally and as a local application gives good results in the treatment of necrosis of bone according to recent reports.

The Cornell University Medical College is a new school soon to be opened in New York. A large amount of money will be spent in equipping the new institution.

The Badger is the fountain pen for physicians' use for the reason it can always be carried and will always be in working order. This pen is having a good sale among physicians.

The King-Jones Co., of Niagara Falls, furnish physicians with several specialties which they can make a source of profit. Their vapor bath and spruce bark comfortables are worth investigating.

Secondary hemorrhage after removing adenoid growths is rare, but does occur, which should be remembered. A case has recently been reported of a fatal hemorrhage on the eighth day following the operation.

Milkine is an excellent food made by experienced men and has stood many tests of trial by physicians. Recorder readers can secure a supply of valuable samples free upon application to the manufacturers.

Life insurance examinations have now become an important line of work with many medical men. The extent of life insurance business is shown by the estimate that 14,000,000 policies are carried in this country.

Hydrozone, properly diluted, is the favorite remedy of some practitioners in the fermentative diseases of the gastro-intestinal tract. We should be glad to publish reports from our readers who have used it in these diseases.

Every physician always needs to have ready for use a good supply of surgical dressings. Pauly and Pauly's are reliable and reasonable in price. It will pay you to send for their catalogue and then stock up while prices are low.

One barber shop in Chicago is conducted in a strictly sanitary manner. The combs and brushes are thoroughly cleansed after each customer has been served and the razors are always cleansed in an antiseptic solution.

A law will be introduced into the Ohio legislature abolishing the publication and distribution of obscene advertising matter relating to venereal diseases. This is a movement worthy of the support of every one, as quantities of such matter are distributed which do an immense amount of harm.

Dr. C. Parkhill, of Denver, Col., in a valuable article in Annals of Surgery describes his bone-clamp in its uses in comminuted fractures, fractures with malunion, and recent fractures with a tendency to displacement. He claims most excellent results in every way from its use.

Germany has recently passed a wise law prohibiting the use of lead in the manufacture of toys. Many toys are made largely of lead, and lead-poisoning from their use is altogether too frequent. Physicians who investigate the toys of their child-patients will sometimes find the cause of their sickness to be the lead in the toys.

In an article in the American Journal of Obstetrics, Dr. H. D. Fry classifies asphyxia neonatorum as follows: "(1)Cases due to maternal disease, as syphilis, nephritis, arteriosclerosis, and acute intercurrent diseases of pregnancy; (2) Intrauterine asphyxia, as from coiling or twisting of the cord around the fetus, short cord, premature separation of a portion of the placenta, whether prævia or normally implanted, direct violence, and ergotism; (3) Asphyxia occurring during labor, from prolapsed or twisted cord, from compression of the fetal head by forceps or the pelvic walls, breech-presentations, and tetanoid contractions of the uterus." Dr. Fry recommends hypodermic injections of strychnine in gr. 1-200 doses in serious cases.

For the treatment of acne the following lotion is of value:

Hydrarg. chlor. cor.....gr. i
Glycerine.....dr. iii
Aq. Rosae.....dr. iv
Bay Rum.....q. s. ad. oz. ii
M.

The Maltbie Chemical Company is an old and reliable firm and their name on any article means merit. They send out no inferior goods as their reputation, acquired by years of honest business, is too reliable to injure in that way. The members of the firm are men of experience and integrity, who intend that every preparation shall be just as represented.

The antiseptic derivatives of iodine are necessarily used by most practitioners, but many of them have objections which restrict their use. Some have too much odor, some are inefficient and others are too high in price to admit of general use. Iodoform is almost indispensable in many cases, but its odor often prohibits its use. Irisol is an odorless iodoform which can be used in a great variety of cases. It is not a substitute for iodoform, but is iodoform deodorized and made more satisfactory by the adjuvants, boric acid and acetanilid. The ingredients of irisol are combined in a vacuum under pressure which forms a chemical compound of very fine powder. It is a valuable antiseptic powder for surgical dressing, ulcers, burns and various skin diseases.

Dr. J. A. Cantrell, of Philadelphia, has an interesting article on the treatment of ivy poisoning in the June number of the New England Medical Monthly. He uses, generally, chlorinated soda solution, either full strength or diluted and gets prompt and satisfactory results. He says: "I would place these medicaments in this order of preference: (1) Laborraque's solution; (2) Salol—because both produce a cure in less than a week's time; (3) Bromine; (4) Boric acid; (5) Acetanilid—because they may be relied upon to produce no ill effects; (6) Grindelia Robusta—which can always be relied upon to produce a cure, but it is long delayed and may if not watched carefully, produce a higher grade of inflammation."

Most physicians at some time need a good artificial eye for a patient. Those offered by the Johnston Optical Co., of Detroit, have a number of points of superiority.

Every physician who uses Kellogg's funis ring applicator is satisfied with the results obtained. The following letter is a good expression of the estimate of most physicians regarding its value: "Dear Doctor: According to my idea of the fitness of things the action of the Kellogg applicator and elastic ring for securing the funis is perfect. The advancement from string or tape to the applicator is as great along its line as from tallow dip to modern electric light. Respectfully, E. J. Fithian, A. M., M. D., Harmony, Pa."

The College of Physicians of Philadelphia announces through its committee that the sum of five hundred dollars will be awarded to the author of the best essay in competition for the first Nathan Lewis Hatfield prize for original research in medicine. Subject: "A Pathological and Clinical Study of the Thymus Gland and its Relations." Essays must be submitted on or before January 1, 1900. Each essay must be typewritten, designated by a motto or device, and accompanied by a sealed envelope bearing the same motto or device and containing the name and address of the author. No envelope will be opened except that which accompanies the successful essay. The committee will return unsuccessful essays if reclaimed within one year. The treatment of the subject must embody original observations or researches or original deductions. The competition shall be open to members of the medical profession and men of science in the United States. The original of the successful essay shall become the property of the College of Physicians. The trustees have full control of the publication of the essay. Physicians wishing to compete should address J. C. Wilson, M. D., 219 South Thirteenth street, Philadelphia, Pa.

The Nursing World Fever Chart, for recording the vital signs, and other information relating to the baths given in the treatment of fever cases, is very complete and useful. The Imperial Granum Company will send copies of this chart to physicians who apply.

Sir. Lyon Playfair, the eminent chemist and writer, died in London, May 30, aged 70 years.

Argonin, in three per cent. solution gives good results in treating purulent ophthalmia,

Two Egyptians lately graduated from the Baltimore Medical College.

Admiral Dewey is the son of a practicing physician.

THE MEDICAL SOCIETIES.

The twenty-first annual meeting of the Eclectic Medical Society of Wisconsin was held at the St. Charles Hotel, Milwaukee, May 25 and 26. A variety of papers were read and discussed by those in attendance. The following officers were elected: Dr. P. G. Henkwitz of Milwaukee, president; Dr. E. S. Hull of Milton Junction, first vice-president; Dr. A. E. Winter of Tomah, second vice-president; Dr. J. F. Stillman of Kilbourn City, treasurer; Dr. W. A. Pratt of Beaver Dam, recording secretary; Dr. Mary Montgomery of Clinton, corresponding secretary. Next year the society will meet at Madison, the last Tuesday in May.

The Homeopathic Medical Society of Wisconsin held its thirty-fourth annual meeting at the Plankinton House, Milwaukee, May 25 and 26. There was a good attendance from all parts of the state and many papers were presented. The banquet was presided over by Dr. Q. O. Sutherland, of Janesville, and the following progrom given: "Women of the Profession," Dr. Elsie Schmitz of Milton; "Our Journalists," Dr. Harvey Dale of Oshkosh; "The Country Doctor," Dr. F. P. Stiles, president of the society; "On to Cuba, or the Part the Surgeon Should Play in the Present War," Dr. O. W. Carlson of Milwaukee; "The Modern Surgeon," Dr. J. J. Thompson of Chicago; "Our Medical Colleges," Prof. A. C. Copperthwait of the Homeopathic Medical College, Chicago. The officers of the society elected for the next year are: President, Dr. A. R. F. Grobe of Milwaukee; vice-president, Dr. A. Schloemilch of Portage; secretary, Dr. Filip A. Forsbeck of Milwaukee; treasurer, Dr. Evelyn Hoehne of Milwaukee.

Arrangements which have been made assure us that the meeting of the Central Wisconsin Medical Society at Janesville, June 28, will be a success in every respect. All physicians in the district, who can attend, will enjoy the meeting. This society is known especially for its live discussions, which bring forth the ideas and experiences of many practitioners.

The next meeting of the Fox River Valley Medical Society will be held at Appleton July 26th. This society is wide-awake and physicians in the district always profit by the meetings.

The regular meeting of the Rock County Medical Society June 3d, was devoted to the discussion of fractures. A good attendance and live discussions made the meeting one of interest.

A successful meeting of the Illinois State Medical Soeiety was held at Galesburg, May 17 to 19. Dr. J. T. Pitner, of Jacksonville was elected president; Dr. H. N. Moyer of Chicago and Dr. McAnally of Carbondale vice-presidents; Dr. E. W. Weis, Ottawa, secretary, and Dr. G. N. Kreider, Springfield, treasurer.

The latest optical catalogue of J. M. and A. C. Johnston is a work of interest to all oculists. The practical pointers it contains are useful to anyone doing refraction work.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

INTERNATIONAL MEDICAL ANNUAL AND PRACTITIONERS' INDEX, 1898: E B. Treat, New York, 724 pages, $3.00.

The 1898 volume of Treat's Annual fulfills the prediction we made some months ago that this year's issue would surpass previous volumes in interest and value. Every issue of this year-book is a mine of valuable information for medical practitioners and each year makes an improvement. This is the sixteenth year of its publication and the appearance of the work is now welcomed every year by many physicians.

The volume gives full summaries of of the year's progress in medicine and surgery by thirty-eight editors, men of prominence in this country and Europe, each contributing to his department.

Among the special articles are: "The Chief Pathogenic Bacteria in the Human Subject," with descriptions of their morphology and methods of microscopical examination, by S. G. Shattock, F. R. C. S., the Pathological Curator of the Museum of the Royal College of Surgeons, London, illustrated by a series of ten finely colored plates; two contributions by Drs. Robert Jones, F. R. C. S., and A. H. Tubby, M. S., on "The Obliteration of the Deformity in Pott's Disease," and on "Congenital Dislocation of the Hip," showing the technique in each case, both freely illustrated, chiefly by reproductions from photographs; "Hypnotism and Suggestion," by Chas. Floyd Tuckey, M. D.

The article on "Diarrhoea and Indigestion in Children," is edited by Dr. H. D. Chapin of New York, and gives several late ideas on this subject. When hypothermia or collapse supervenes subcutaneous injections of sterilized salt water, in the lateral region of the abdomen are recommended. Tannalbin and tannigen have been used with good results in these troubles by some.

The size of the annual is just right, neither too small nor too large. It is arranged alphabetically and the busy physician can in a few minutes find the latest ideas on any subject relating to his work. After a careful examination of the volume it is our opinion that no physician will ever regret adding the book to his library.

"Remarks on Rhus Toxicodendron" is the title of an interesting monograph by Dr. Louis F. Frank of Milwaukee. The author shows that the rhus toxicodendron is a more common cause of dermatitis than we usually consider it, as the plant is found quite extensively and has been found growing in the parks of Chicago, Milwaukee and other cities. He believes that the poison is communicated by direct contact with parts of the plant, or indirectly from one person to another. The doctor does not believe in using ointments and powders in treating rhus poisoning. He says: "The treatment of any toxic dermatitis must be carried out on the same basis as that of eczema in its acute or subacute state, and the essential principle which ought to guide us in its successful treatment is antisepsis and asepsis. We know that a local infection has taken place; the poison has been absorbed by the skin, causing a pathological lesion, which is attended by inflammation and its sequelae—exudations, crusts and scales. These disease products are usually still more contaminated by external irritants, as silver, oils, and infected dressings." This monograph, reprinted from the Medical Record will be useful to physicians.

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Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. I. JANESVILLE, WISCONSIN, JULY, 1898. NO. 9.

ORIGINAL ARTICLES.

ALKALOIDAL MEDICATION.

(Seventh Paper.)

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, O. T.

DIGITALIN.

Digitalin is an active preparation derived from the well known digitalis purpurea. The various preparations of digitalis have earned the confidence of the profession by many years of faithful service. For a long time it stood alone, as the one, solitary, reliable heart tonic. Of the stimulants there have always been many, but until within the last few years it could alone lay claim to the honor of being a true heart tonic. Since then sparteine, strophanthin, cactin and convalamarin have each divided this honor with digitalin. However each has its own particular field, a discussion of which in this series, space forbids.

It seemed for a time that strophanthus would displace the old favorite, digitalis, but increasing experience veered the profession back again to its first love. For the many chronic ailments of the heart marked by weakness, fluttering and incompetency digitalis enjoys the distinction of having and deserving the confidence of the profession above all other remedies.

It cannot be said of digitalin that it is a true alkaloid or glucoside. In fact the true crystallizable principle of digitalis if such it contains, probably has not yet been isolated. This is true in spite of the fact that the learned French Academy awarded a prize to the supposed discoverer of it.

This proves to my mind one thing, that so-called learned bodies cannot always be depended upon to discover a discoverer or recognize a fact. Such discovery and recognition usually comes first from the ranks of the humble, practical, clinical doctors who study disease and remedies by the only true and reliable standard, that of the bedside.

But in the German digitalin we have such a combination of active principles as to represent the action of digitalis, with uniformity and precision, while the disagreeable effect upon the digestion, so familiar to all, and which often proves an almost insuperable bar to its administration in cases imperatively calling for it, is entirely eliminated. This one fact makes digitalin infinitely preferable to all other

forms of the drug for internal administration.

The solubility, hence absorbability, of digitalin is many-fold greater than that of all the cruder preparations. Digitalin contains both the heart tonic and diuretic principles of digitalis. The standard granule contains gr. 1-67.

Of its companion in the alkaloidal lists, digitin, nothing will be said for the reason that the writer, never having used it, is, therefore, not competent to express an opinion concerning its worth or unworth or its indications.

Of the digitalin the dosage as given by Dr. Henry Beates (Alkaloidal Clinic, Vol. 4, page 489) is from 1-10 to 1-2 gr. In practice, from one to four granules given every one to three hours, watching its effect upon the heart, will usually be found to suffice.

Digitalin administered in medicinal doses increases arterial action (1) by increasing the force and prolonging the duration of the cardiac contractions, and (2) by contracting the vascular system, more especially the arterial side of it, through its action on the vaso-motors. It increases the force of the heart beat by stimulating the peripheral endings of the inhibitory nerves and also by direct action upon the heart muscle.

The rapidly-running, but weak, as well as the irregular heart will yield to it as to no other remedy. It should never be given where the heart is already laboring beyond the normal and the pulse is full and bounding and the arterial pressure is high. This admits of but one exception and that is in the beginning of acute febrile and inflammatory attacks, and even then it is to be combined with arterial sedatives, as in the defervescent granule previously mentioned in this series. This combination overcomes the evils of digitalin in these conditions, and the whole makes a composite action which is one of the most precise and beautiful facts I have ever experienced in the practice of medicine.

In cases of collapse it is better to precede the digitalin by the quicker-acting, more diffusible, but less permanent, cardiac stimulants, such as glonoin and aromatic spirits of ammonia. Where there is shock with recession of blood from the surface, as evidenced by the extreme pallor and coldness, atropine is the indicated remedy, following with digitalin when reaction becomes well established. In the weak, flabby, dilated heart, where the heart-muscle is incompetent, digitalin, by increasing the heart-labor and nutrition, will often develop it in the same manner that judicious labor will develop any set of muscles.

Digitalin improves heart nutrition. It slows a rapid, tumultuous, ineffective action, permitting longer intervals of rest between pulsations, thus giving it more to act upon when it contracts. Its labor is thus rendered more effective, in the first place, and its own nutrition shares along with that of the general system, in the second. By this means digitalin will induce what is known as "compensative hypertrophy," and makes up in increased muscular power what is lost in back-leakage through defective valves.

It is the consensus of opinion that digitalin should be avoided in aortic insufficiency. In this trouble the prolonged diastole caused by the drug works harm by permitting more blood to regurgitate and a more or less remote danger may be made imminent by its use. But for all other forms of heart insufficiency digitalin may be used. Often the results are little short of marvelous. But there will be a considerable number of absolute failures even in those cases where the drug seems to be indicated the most clearly. In some of these cases where the digitalin seems to fail to catch hold good results may frequently be

obtained by pulling up the nerve slack with strychnine in sharp doses.

In cases of over hypertrophy with tumultuous, violent heart action digitalin would place the patient in deadly peril. This indication can be met with the heart sedatives aconitine and veratrine and the alterative iodides, particularly ammonia iodide and arsenic. Aconitine and veratrine will relax arterial spasm and thus relieve the obstruction against which the heart is laboring while it is plain that digitalin would increase it. Glonoin will do the same so far as unlocking of the arterial spasm is concerned.

In dropsical effusions whether due to cardiac or renal incompetency, where it becomes necessary to drain off the superabundance of water, there is no better combination known to the writer than digitalin and apocynin, from 1 to 3 granules of each together in a glassful of water every 2 or 3 hours. It is surprising the amount of fluid the kidneys will eliminate under the influence of these two drugs in combination.

Case—Mrs. E., aet. about 28, consulted me May 8 on account of extreme swelling of lower extremities, abdomen and face. Also extreme weakness and palpitation of heart. She termed her trouble "heart disease and dropsy." She was greatly swollen. This swelling would pit deeply on pressure. A careful examination of the heart eliminated it as the source of the the trouble. An examination of the urine disclosed a highly albuminous condition of it with very light specific gravity and great shortage of normal constituents. Her breathing was much oppressed and smothering spells complained of. Prescribed digitalin, apocynin and lithium benzoate of each 2 granules, to be taken dissolved in a glassful of water every 2 hours, the amount of fluid she passed in the next 24 hours astonished her. She said that she "was all running to water." At the end of the 24 hours the swelling had about all disappeared. This case was not cured of Bright's disease by these drugs at all but she was relieved of a very urgent symptom by means of it.

After the distension is relieved it is well to substitute strychnine and caffeine for continuous administration unless indeed the digitalin be indicated on account of cardiac incompetency. Frequently iron arsenite and nuclein are the very things with which to meet the usual anaemia. If the water should accumulate again the original prescription may again be given.

Because of the constricting effect of digitalin upon the capillary vessels it is a useful remedy in the various internal hæmorrhages. For the treatment of internal and uterine hæmorrhages of a passive nature it seems peculiarly fitted and should be combined with full doses of ergotine and hydrastine. It will not be necessary to remind the reader that in case of emergency all these granules may be used hypodermically. It will be observed that the various internal hæmorrhages may be attacked from different routes by variously acting remedies.

It may seem not a little strange to the reader that remedies so wide apart in physiological action should each be recommended for apparently the same purpose. At first glance it would seem preposterous that digitalin and aconitine should both be prescribed to relieve hæmorrhage.

Hæmorrhage may be either active or passive. The physiological action of digitalin suggests at once its adaptability for the passive variety and as stated above its action will be found to be emphasized by the vaso-motor construction as ergotine and hydrastine. On the other hand aconitine is of service only in the active form and should never be used in combination with the vaso-motor constrictors. Atropine acts in these cases by form-

ing of the capillary system a diverticulum into which the blood is drawn away from the bleeding point. It may be used in either variety.

Waugh places digitalin at the head of the list of remedies for these hæmorrhages, considering it the safest and surest in all but the full blooded and plethoric and those suffering from aortic disease and cardiac hypertrophy. The writer believes in Prof. Waugh as the greatest living therapist, but in this particular while in no wise assuming to be his equal, must differ in so far as to prefer atropine as being the "surest and safest."

As mentioned above it will do valiant service in either the passive or active form and for this reason is the best all-around remedy with which to control hæmorrhage. However no remedy should be used in a routine fashion (unless it be the sulfo-carbolates) since it must be admitted, that each may be so fitted to a given case as to excel the other. Alkaloidal practice and remedies are too precise to permit of "shot gun" medication on the "hit or miss" plan. Dosimetry as practiced by the alkaloidist has no more use for the lazy man than he has for it.

Digitalin is indicated in the weak heart of the convalescent as well as in eardiac lesions per se. Strychnine should always be combined with it in these convalescing cases. Digitalin is a great aid to any other remedy in the treatment of any trouble when there is a coincident sluggish circulation and a venous stasis. Digitalin through its power over the circulation is a febrifuge of no mean order, and under some conditions is to be preferred even to aconitine. Since digitalin does not molest either appetite or digestion it may be given to convalescents without inconvenience or danger from that source.

Neither need we be apprehensive of the much feared "cumulative action." It is the part of wisdom when giving any remedy, other than those the effect of which is fugitive, to watch well the eliminative processes, as any drug may accumulate beyond the safety point if it is constantly being ingested and as constantly not being eliminated.

Digitalin is one of the important parts of the trinity and defervescent comp. granules previously mentioned and the manifold uses of which will be considered later.

EMETINE.

Emetine is an alkaloid derived from ipecacuanha. Emetine represents in small mass and elegant form all the medicinal properties which have made ipecacuanha so long a favorite remedy with the profession. The standard granule contains gr. 1-67 and approximates very closely in potency 1 grain of ipecacuanha.

Emetine is in large dosage emetic and cathartic while in small dosage it stimulates secretory and excretory glandular activity. Emetine is the old standby for the dry stages of bronchitis and catarrhal troubles of the air passages, especially of children. Of late however emetine has to a degree taken its place in this field. In the dry stages of these troubles small doses* frequently repeated will often act like a charm in relieving a dry irritative cough. Under its influence secretion soon becomes established and the cough will grow free and easy In the early stages attended by pain and fever it should be combined with aconitine and codeine. Small doses of aconitine seem to act as a synergist to it even when there is no fever probably because of the cumulative influence it wields over the nervous and circulatory systems.

*One year old, 12 granules in 24 teaspoonfuls of water. One teaspoonful every one-half to one hour, lengthening the interval as the symptoms improve. For each additional year of age up to the fifth add two more granules; children above that age may take a whole granule.—Shaller's Guide, page 98 to 99

The unsurpassed results obtained by the use of ipecacuanha in dysentery can be duplicated with emetine. After the discovery of emetine it was thought for a time that ipecacuanha from which the emetic principle had been eliminated, would be the ideal remedy for this disease, but it was soon discovered that in this very emetic principle resided its curative properties. That a few dram doses of powdered ipecac will, if retained, cure an ordinary attack of dysentery is never questioned by the one who has tried it. Emetine will do precisely the same thing in exactly the same way. Give about 60 or 65 granules gr. 1-67 or 6 granules gr. 1-6 at one dose, have the patient lie perfectly quiet for one hour, place a mustard sinapism over the stomach, and if the dose is retained, in from 6 to 12 hours a copious bilious action will be induced with a subsequent rapid relief from tenesmus. The dose may be repeated in from 6 to 12 hours if necessary.

It may be asked why a single massive dose is given instead of frequently repeated small ones. In explanation it may be stated that remedies act very differently when prescribed in different sized doses. Emetine in small doses frequently repeated will produce vomiting before it will catharsis, consequently the end in view would be defeated by this way of giving it. When it acts as an emetic, catharsis is very seldom produced. So in giving it for dysentery, it must be the aim and endeavor of the physician to give a sufficiently large dose to produce active catharsis and at the same time must not forget that the same dose will produce vomiting unless this effect is carefully guarded against.

This may be frequently be done by first slightly narcotizing the patient with codeine. I have also at times succeeded in having it retained by first partially anæsthetizing the stomach with single large dose of cocaine. A precedent dose of carbolic acid well diluted has helped me at other times. Another fact to be remembered is to but slightly moisten the powder with a little water or if the granules are given but the least possible amouut of water should be allowed.

In case one dose is vomited in spite of all these precautions another should be administered immediately and repeat thus until one is retained. The writer enters into detail after this minute fashion because he conscientiously believes it to be the one reliable treatment for dysentery and the most important point in the giving of it is the retention.

Shaller believes its value resides entirely in its cathartic action and that equally as good results may be obtained from magnesia sulfate or any other active, easy cathartic. While it is true that to evoke its curative power over this disease its cathartic action must be elicited, yet to me the relief seems to far exceed in degree and permanence that following the use of any cathartic and the writer has tried most of the advocated methods of treatment. The result has been to make him more than ever a friend to the ipecac treatment of dysentery.

Unfortunately it usually cannot be given in sufficient dosage to children without provoking emesis. With them it should be pushed as far as possible in connection with atropine and codeine. The value of local treatment applied to the lower bowel deserves this passing notice. In speaking of the treatment of these intestinal disorders the writer has refrained from mentioning the dietary treatment of them, not because he is not a believer in it but rather because he presumed that every wide-awake physician is alive to the importance of it.

Emetine is not infrequently successfully prescribed for internal hæmorr-

hages. To accomplish any good it must be pushed to nausea. It then acts as does atropine by relaxation of the vascular system and as does aconitine by slowing and weakening the circulation. The writer prefers the atropine because it is more prompt and pleasant.

Small doses of emetine will assist digestion caused by a scanty secretion of the digestive ferments. It is much used as a relaxant in croup. It is perfectly safe in any dosage because of its emetic action. On account of the slowness of this action however apomorphine is to be preferred in cases of poisoning.

(To be continued.)

SUMMER DISEASES.

By Elsie R. Schmitz, M. D., Milton, Wisconsin.

The intestinal diseases of summer now demand our attention, and with the usual forethought and helpfulness of the Recorder, you invite plans of warfare. When called upon to do battle along this line, I feel that Spartan-like efforts are needed and that vigilance is the price of safety.

A case of peculiar interest to me comes to my mind—one of cholera infantum in a child of two years; boy, parents English; high-keyed, nervous, timid father; mother of a peculiar self-sacrificing devotion to her little ones in illness, who gave to them of her strength. Temperature of the patient was 102° to 105°; stools frequent, consisting of bloody, slimy discharges; child unable to sleep, crying out when just at the brink of sleep, with a start, "Oh, docker, Ise so sleepy—take me;" for hours he tried to sleep, grinding his teeth and showing other symptoms of convulsions, which were only relieved by belladonna, and the personal magnetism of the physician. Mercurious cor. and arsenicum were the only other remedies used. Enemas of sterilized water were given after stool for twelve hours; kept him out of doors in a quiet shady place sixteen hours out of the twenty-four; boiled water and malted milk made his diet.

He became very much emaciated, little fingers turning blue, heart wearily working away; limbs showing signs of paralysis, were gently lubricated with cocoa butter; also bowels, applying it several times a day, as gently stroking the little one would quiet him. The hand could be kept oiled without annoying him. If I dared venture away from the aforesaid remedies there would be a return of the hæmorrhagic stool. He lived and I rejoiced.

Case of involuntary discharge from bowels on motion, in an old lady, was promptly relieved by natrum sulph. I am expecting good results from the tissue remedies.

DIARRHŒA.

By A. L. Beard, M. D., Polo, Ill.

In the treatment of the diarrhœal diseases of summer I have found irrigation to be of value, using hydrogen peroxide, boracic acid and listerine in solution on various cases. In one case of severe dysentery I used a warm solution of tannic acid and got prompt results with a speedy recovery.

I have given hydrogen peroxide to several cases internally and found it to be a very serviceable remedy.

Among the newer astringent antiseptics I have liked sulpho-carbolate of zinc and have used it in solution for children and tablet form for older cases.

I administer elix. lacto-peptine or some other fluid digestant in every case of intestinal disturbance. During the past two years I have found that peptenzyme is far better than

any other digestive preparation and use it now almost exclusively. Care of diet, local surroundings and other hygienic precautions must receive thought and attention.

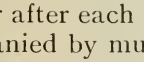
I have not mentioned any opium preparation and for the reason that I seldom have use for it, except in using it for the relief of pain. Acetanilid, guarded, and bathing are my antipyretics.

A stock formula for the immediate relief of diarrhœa or dysentery is as follows:

Ac. sulphuric aromatic,
Fl. Hydrastis (non-alcoholic),
Peptenzyme,
Glycerine.....a a fl. oz. ½

M. et sig. A teaspoonful in one-half glass of water after each loose passage.

If accompanied by much pain I add some tincture opium or paregoric. Usually one dose will relieve.



IRITIS.

(Second Paper.)

By J. A. Pratt, M. D., Aurora, Ill.

The causes of iritis are many. It may be caused by functional strain, and frequently accompanies both general diseases and special diseases of the eyes.

The iris, ciliary bodies and choroid are so intimately connected that we genera ly find extended inflammation of the other two where one is acutely affected.

We may find it to be the local expression of syphilis, rheumatism, gonorrhœa, tuberculosis, gout, scrofula or diabetes. It also may follow traumatism either operative or accidental.

Iritis is often the manifestation of the beginning of constitutional syphilis, and as over 50 per cent. of all cases of iritis is caused by syphilis, we have a factor that should always be kept in the mind in its treatment.

It being an inflammatory condition the iris vessels are greatly congested, and the exudate thickens the tissue, causing the aqeous to become hazy. In this thickened condition, which can easily be seen by examination, the iris is sluggish in action, if it acts at all, loses its brilliancy, and changes its color, so that a blue iris becomes a dull gray and a hazel, a dirty brown, always showing a muddy appearance.

The proximity of the iris to the lens in its contracted condition, allows it to be glued by the exudate early in the disease, so that we have adhesions to combat from the first. If adhesions have formed the pupil will dilate, if at all, irregularly. We can however, have complete annular synechia or exclusion, which when the pupil is closed by the exudate gives us the servere complication of occulsion.

Near the cornea on the sclera, we find a zone of injected vessels, the iritic zone, that stands out prominently during the disease, although its clearness is much impaired by the general congestion in the later acute stages. This iritic zone is more pronounced when the ciliary bodies and choroid are effected. The tension of the eye ball may be increased or less than normal, and is slightly painful on pressure. The pain is greater on pressure if we have cyclitis. In my opinion we always have a slight cyclitis with iritis and if not seen early it generally runs into an irido-cyclitis.

The subjective symptoms, will be impairment of vision, photophobia and pain. The pain which is at first located in the eye ball, radiates to the orbital branches of the fifth nerve and is neuralgic in character. The pain is caused by the pressure of the inflammatory condition.

The eye should be carefully watched for any extension of the inflammation to the remainder of the uveal tract, and the complication of any of the special diseases of the eyes.

Comparative Diagnosis.

Symptoms.	*Iritis.*	*Conjunctivitis.*	*Keratitis.*	*Glaucoma.*
Ciliary or Conjunctival Injection.	Iritic Zone.	Extreme conjunctival injection.	Iritic zone.	Slight, if any congestion.
Turbidity of Aqueous.	Turbid.	Clear.	Clear.	Clear.
Iris.	Contracted, congested sluggish	Normal.	Normal.	Dilated. Sluggish.
Pupil.	Small or irregular. Often Exudation in Pupil. Hazy.	Normal.	Normal.	Dilated, hazy.
Photophobia.	Extreme.	Very slight, if any.	Moderate.	None
Lachrymation.	Extreme.	Very little.	Moderate.	None.
Secretion.	Watery.	Thick mucous.	Watery.	None.
Vision.	Poor, frequently nil.	Good.	Poor, frequently nil.	Periodically poor.
Increased Tension.	Slight pain on pressure.	None. No pain on pressure.	None. Pain, slight on pressure.	Very great. No pain on pressure
Pain.	Extreme, neuralgia, radiating.	Smarting. Burning as if something were in it.	Considerable.	Neuralgic pain. particularly at night.
Rainbow around Light.	None.	None.	None.	Present.
Cornea.	Clear.	Clear.	Hazy, often opaque.	Clear.
Lids.	Normal.	Congested. Stick together in the morning.	Normal.	Normal.

I will make a comparative diagnosis as it so easy to remember.

After we have our diagnosis of iritis, it is well to know what form of iritis is present, that we may the more comprehensively treat the case.

In serous iritis we are more apt to have the whole uveal tract inflamed; exquisite pain on pressure, a hazy aqueous, and particles floating in the vitreous which are discernable by the ophthalmoscope.

In plastic iritis we have early adhesions, more continuous pain, greater hyperæmia, less tender eye-ball, and its being most frequent of all forms, This is the syphilitic form.

In tubercular and gummatous iritis, the tubercles and gummata are readily seen.

Suppurative iritis is generally from wounds both operative and traumatic. It may better be called infected r itis.

(To be continued.)

The table which Dr. Pratt gives us this month will be found of great value in making the differential diagnosis of the four most common eye diseases. An accurate diagnosis in the treatment of eye diseases is of first importance, as a failure to recognize promptly an iritis, generally means a loss of vision. Every medical practitioner will find the above table worthy of careful consideration. If the points given are remembered an accurate diagnosis is almost a certainty.

Dr. Pratt is a careful and accurate writer and our readers will enjoy this series of articles. We shall all profit by the doctor's experience with iritis as the results of his work are presented in these pages.

As iritis is a disease which every physician, general and special, meets, it is a subject in which the profession should be interested.

Editor.

JOSEPH McDOWELL MATHEWS, M. D., LL. D.

The whole profession is interested in knowing something about the man who was elected President of the American Medical Association at the recent Denver meeting. We are pleased to present the portrait and brief biographical sketch of Dr. Mathews, the eminent physician, surgeon, author and teacher.

Joseph McDowell Mathews, M. D., LL. D., was born in New Castle, Henry County, Kentucky, May 29, 1847; he received his scholastic education in the Academy of New Castle, and read medicine in the office of his brother-in-law, Dr. W. B. Oldham, the leading physician of his native town. In 1886, he came to Louisville and entered the medical department of the University of Louisville. In 1867, he received his diploma from this institution and, returning to New Castle, became a partner of Dr. Oldham in the practice of his profession. Here he remained for several years, when, preferring a broader field for his energies, he removed to Louisville and soon established a remunerative practice.

In 1878, after some time spent in New York to avail himself of the better clinical advantages there afforded, he went to Europe and prosecuted his surgical studies, chiefly in St. Mark's Hospital under the guidance of Mr. William Allingham, the senior surgeon of that institution.

Upon his return to Louisville, Dr. Mathews made surgery a specialty and has devoted himself to that branch of the profession continuously since. For a year he was lecturer upon his

specialty at the Hospital College of Medicine, but, in 1879, he resigned to accept the professorship of surgical pathology in the Kentucky School of Medicine, a chair then newly created. His connection with this institution has continued from that time and he now fills the chair of surgery.

In addition to his large private practice, Dr. Mathews has been a prominent contributor to the medical literature of Louisville. For a number of years he was associated with Dr. Dudley S. Reynolds as editor of "The Medical Herald," one of the leading medical journals of the West, and has made extensive contributions upon subjects relating to his specialty, and his views have been embodied in many American and foreign treatises.

In 1881 Dr. Mathews was appointed visiting surgeon of the Louisville City Hospital, and has occupied the position continuously since. In addition to the positions filled by him already mentioned in this sketch, he is president of the State Board of Health of Kentucky; visiting physician of Sts. Mary and Elizabeth's Hospital; consulting surgeon of the Louisville City Hospital; consulting surgeon of the Jennie Casseday Free Infirmary for Women; President of the Mississippi Valley Medical Association; president of the Louisville Clinical Society; president of the Louisville Surgical Society; president of the Kentucky State Medical Society; member of the International Medical Congress, of the American Medical Association, of the Southern Surgical and Gynaecological Association. In 1891, he was orator in surgery of the American Medical Association. He is now editor of the Louisville Journal of Surgery and Medicine. His principal publication upon which will rest reputation as a medical author is his work upon Rectal Surgery published by D. Appleton & Co., New York. It is the largest of the kind now published, a standard of authority in the profession, and is now in its third edition.

On the 29th of May, 1877, the thirtieth anniversary of his birth, he was married to Mrs. Sallie E. Berry, of Woodford County, Ky.

AMERICAN MEDICAL COLLEGES

The sentiment has been steadily growing among the members of our profession for a number of years, that American medical colleges should raise their standard. The colleges have readily met this feeling by increasing their teaching facilities and adding to their courses.

The many college announcements which we are now receiving make a very creditible showing. Longer courses, more and better laboratory and clinical work, higher preliminary requirements and stricter graduation rules all show that American medical colleges have greatly improved in the last few years. The time will soon come when an American medical diploma will mean as much and stand as high as any in the world.

Recently a number of colleges have united, thus being enabled to have much better teaching facilities. The much talked of union of the Medical Department of the New York University and Bellevue Hospital Medical College, has been consummated. The school is known as the University and Bellevue Hospital Medical College. Another union recently made is that of the Buffalo medical schools—the Niagara University Medical Callege with the Buffalo University Medical School. These unions will be a benefit to students and to the profession.

Dr. Alonzo Garcelon, of Lewiston, Me., who attended the Denver meeting of the American Medical Association and was elected trustee, is 85, and has practiced medicine 60 years.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

COMMENTS ON THE JUNE RECORDER.

Dr. Blesh's sixth paper on Alkaloidal Medication is better than ever and very practical. These articles are very valuable and useful and the outcome of careful observations and proving in every day practice. Practice proved and known is better than any theory. The worth of any one of these papers alone can only be realized by putting their teachings to use in cases that present themselves to practitioners. Alkaloidal medication is the only right common sense use of medicine as it should be from a scientific, therapeutic and physiological basis, and should supersede, and will ultimately, all "pathies" Dr. Blesh's papers are the best that can be written and he handles the subjects very clearly. I enjoy them more than any thing else in the Recorder for their value.

I have not used cicutine but expect to in the future. We all find "old men's bladders" and have to relieve them so we can use cicutine when indicated. I meet such cases every now and then.

Colchicine and its uses are distinctly set forth so that he who reads can understand how and when to use it in old gourmandic cases that are so fussy, as a gouty patient is often an irritable one who wants speedy relief. They are generally high livers, have bad livers, and are good pay. One reason that colchicine is not used more is that it is not studied and understood as to its therapeutic value. I am sure that the true seeker after knowlege of the alkaloids will know how to use colchicine after perusing Dr. Blesh's outline of it. I have used it very little myself but expect to dispense more in future occasions.

Hot summer is here and with it comes those intestinal troubles that need speedy relief, especially in the "little ones" that come under our care. The best of us are not too expert in aiding the babies from grim death. Let each of us have copper arsenite, pure zinc sulfo-carbolate, Waugh's anodyne for infants, and W.-A. intestinal antiseptic tablets on hand, and we will go well armed into the sick room to give wise common sense therapy to those who claim our minutest and kindest care. If every physician used these, there would be less vacant chairs around the fireside.

Dr. Blesh's use of copper arsenite in indigestion is excellent, and also new to me. I have several cases of stomach and intestinal derangement, which will get copper arsenite as indicated. The importance of intestinal antiseptizing is of the greatest value in treating these ailments, and we meet them every day. Nuclein is all right and never comes amiss in any case. Dr. Blesh, we will eagerly await your July contribution. Hope you will continue giving us such needful and practical articles throughout the year.

Dr. Pratt gives a very good description of the anatomy of the eye. It is a lamentable fact a vast number of practitioners do not know how to treat eye lesions properly when they meet them. They have no excuse, however, for the amount and quality of the treatises on the eye are numerous and a little time spent in reading these will enable any one to meet eye troubles. I should like to ask Dr. Pratt if he has ever used zymotoid in eye inflammations, if not he will find

it something of a very excellent nature that will do the work in reducing inflammations. Expect your dissertation on iritis puper will be interesting and useful.

"The History of a Monstrosity" is very interesting but sad. The hospitality of the family reminded me of a recent occurrence where I attended a confinement case during the night. At midnight I sat down to a very good meal and it was enjoyed. It had been prepared by the attendants of the lady confined, and showed appreciation of my efforts. Such things do not occur often in a country practitioner's calling but are like rays of sunlight across the rough path. Did the electricity cause the hideous monstrosity? Please let us have the editor's opinion on it. I am anxious to know as well as Dr. Martin.

Faulty Elimination, a frequent cause of pelvic trouble, is something original and useful. It presents a new phase as to cause and correction of such ailments. It is new to me and I am sure to many other readers of the Recorder. Such articles are what we want, that set us to thinking in new channels. I paid particular attention to Dr. Etheridges' article on pelvic trouble and the cause of the same; as to faulty diuresis I made particular note of it in my "index rerum" for reference. We shall expect Dr. Beebe to give us something practical again in the future.

Cholera is a malady we know very little about as to its treatment, as we seldom see it in our country. We would rather never see it at all but it does not come amiss to know something about it, so if we should happen to meet the monster unawares, we should recognize him by his color. I should think viskolein would be an important therapeutic factor in treatment of cholera and it with nuclein pushed physiologically, and other things properly met, ought to sustain such cases.

"Short Talks by the Editor" are spicy, pithy, and up to date, just enough and not too much to tire the reader and help the reader to keep in mind the best of the Recorder's contents.

To Dr. Harder's query as to good effective treatment of otitis media, either before or after rupture of the tympanum, is to thoroughly cleanse the ear with zymotoid, mop out with pledglets of cotton, then put a few drops of alcohol in the ear, mop out again and insufflate encalendulated boracic acid, or boracic acid or acetanilid and boracic acid equal parts triturated. Be sure the ear is thoroughly cleansed and that enough powder is used and that it is well instilled into the ear. Do this every day in bad cases; others every other day. Dry packing with powder is the best treatment. For home treatment advise the use of zymotoid syringed into ear, mopping out with cotton on toothpick, using alcohol in drying. Tell them to insert the powder by using a little on a small piece of paper, incline the head to one side and pour it into the ear gently working it in with cotton on toothpick. I am using zymotoid injections in two cases of gonorrhœa with satisfaction. If Dr. Harder tries this treatment in ear cases I know he will have something that will please him.

The Recorder is a very practical journal and full of the best medical thought. Dr. Thorne has very little else but the cream for his readers.

S. D. Sour, M. D.
Princeton, Minn.

Dr. Sour's articles are always bristling with practical points, which are suggestive to practical people. It is our opinion that the case of monstrosity reported by Dr. Martin was due as much to the fact that the parents were

first cousins as to electricity. It may have been due to neither, as we know of such cases where there is absolutely no accountable reason.

Inflammations of the ear can sometimes be aborted by syringing the ear with as hot water as the patient can bear and then using a good antiseptic. Blistering or leeching near the ear is also of value at times.

RHUS TOX POISONING.

Dear Dr. Thorne—On page 142, I note review of "Remarks on Rhus Tox." Have not seen Dr. Frank's article on the subject, but give you my treatment of this distressing trouble. If on feet or hands, immerse the parts in water as hot as is comfortable, in which some alkaline solution, soda, potass. compound or soft-soap has been put. Let stay till the blisters turn white, which they will do and swell up. Now, give them a good rubbing with a coarse towel and rinse off with clean water in which some alkaline solution is used.

Dry with a towel and dust with boralide. (Boralide is a finely powdered compound, containing boracic acid and acetanilid.) Rinse off in twenty-four hours in warm alkaline water, dry and redust. The powder not only heals and prevents suppuration, but quiets the intense itching and fever. We have a good deal of this trouble to deal with here and this is my routine treatment. Same treatment if on body or face. Soak in alkaline solution and dust with the powder.

I see in June issue you have our friend Dr. Sour in the "Discussions" Department. He is a good doctor and also a good writer and will make his point on criticism.

Dr. Blesh's articles are good; they will draw the attention of the doctors to the alkaloidal ideas. I had to smile at a reply I got a year or more ago from a friend whom I advised to study up on the "little pills," "They smack too much of Hahnemann," he said. I wrote him, "well no matter what smack they have, your patient will bless you." I got a letter a few days ago, "I've been rubbing in the little pills for about a year now and find they 'smack' of good sense and practice."

BEN. H. BRODNAX, M. D.
Brodnax, La.

SCIENTIA NATURÆ, OR FREAKS OF NATURE.

This should not be confused with a fraud which is passing under a similar name. The degree in which the psychic influence affects the plastic and vegetative productions of human physiology, is clearly demonstrated in the consequences of accidents on women during the period of gestation. There are undisputed facts on record which surpass any thing of which our philosophical wisdom ever did dream. About fifty-three years ago, on my travels during students vacation (to pick up wisdom) I happened to stop over night in the village of Brockwitz, near Meissen, Saxony. Among other things, I was informed by the talkative landlord, (it took a bottle of wine to open his mouth), that there existed a man about 28 years old, born without hands or feet, living in the poorhouse. In order to verify the above story, I proceeded the next morning to Mr. Burgomaster, an old gentleman who kindly gave me the following information: Early one morning the mother of this man, while in the condition of advanced pregnancy went into the clover field to get fodder for her goats. While quickly cutting with her sharp sickle the clover, where it was the thickest, she accidentally cut off the four feet of a hare that lay fast asleep therein. The poor little animal fell on its back and the woman

beheld with pity and astonishment its four mutilated limbs. Her son when born, in due time although sound and well in every other respect was marked the same way, viz.: without hands and feet.

How can the "phantasies" (excited mind) of the mother influence the growth or the psyche? How can the scare disfigure the growing foetus by causing abnormal growths?

Warts will dry up and one can pluck them out in the course of a few weeks, provided the patient firmly believes in the healing power of "Sympathie" as this witchcraft is called, ("Der Zauber"does the work.)

I know from experience that erysipelas, intermittant fevers, salt rheum and hemorrhages have been cured by this principle, sympathetic witchcraft, nature's unbounded, incomprehensible, all power. There is a principle in these cures that cannot be ignored and which the observent physician can utilize in his work. But he recognizes that this principle has limitations and is successful only in certain cases. This principle has always existed and different sects have made the mistake of thinking that this principle of nature covered the whole field of therapeutics.

Another case recorded in English History: James I. of England could not endure to see a naked (unsheathed) sword, because his mother being frightened to death as she witnessed in her own room the killing of young Rizzio, with glittering drawn swords, by his father and Ruthnew. "Sympathie" and "antipathie" even with, out any reasonable cause to our mind, have their existence. How are they communicated? We know it not. We know it no more than we know how civilization uplifts one nation and how barbarism follows. Causes, of course exist but they give no satisfactory evidence. Before the Greeks had schools, there existed a wonderful development. After they had schools and living examples of wise and noble men before them, they dwindled down, even before they saw an enemy. The same with the Romans, the Goths and the modern Italians. Will it be different with our glorious nation if we follow the path of iniquity? Make golden calves by heaping up riches; using the sweat and blood of the working man! The Lord counts the sighs of the widows and gathers the tears of the orphans. Yes, truly, there is a power, world, commanding, incomprehensible, superior by far to all human institutions. There is no nation which has not its talents, but very often these talents do not get the opportunity, but if they get it among civilized nations then there is glory for said nation (Fato trahimur) Bismarck and Moltke.

Sympathetic cures and witchcraft are no fraud (like a certain science which is no science) they do more than our analyticising men will ever comprehend. There is a magi, because human beings have faith in it, and it will ever exist because humanity ever will believe in it, a faith which in the transcendental worlds is born with, and in him and is not extinguishable.

Dr. F. A. Beckel,
Sheboygan, Wis.

The surgeons report that the injuries received by the wounded American soldiers, at the battle of Santiago, have not been of a serious nature in most cases. The number of amputations necessary has been quite small,

Dr. N. S. Davis who has been on the faculty of the Northwestern University Medical School ever since it was founded has resigned as dean of the faculty. Dr. F. S. Johnson has been elected to the position of dean.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.
WM. HALL, Business Manager.

SUBSCRIPTION PRICE:

$1.00 Per Year in Advance; Single Copies, 10 Cts In the United States, Canada and Mexico.
Foreign Couniries in Postal Union $1.25 Per Year.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers, Janesville, Wis.

OPIUM AND ASTRINGENTS IN DIARRHŒA.

Formerly the treatment of diarrhœa consisted in the use of powerful astringents and large doses of opium. The intestinal evacuations were stopped, the diarrhœa was cured, but often the patient succumbed to the poisoning of the retained products of decomposition. To-day intestinal antiseptics take the leading place and opium and astringents second position in treatment. In many cases intestinal antiseptics are all the remedies necessary to use.

In some cases, however, a small dose of opium is necessary to lessen peristalsis and relieve pain. A convenient compound is found in the biscarbolate tablets, which combine the antiseptic and mildly astringent sulphocarbolates with a small dose of sedative bismuth and a small dose of opium. If a smaller dose is wished, the tablets can be subdivided as desired. This compound is thoroughly antiseptic, with just enough opium to produce prompt results.

At first, the intestinal canal should be cleared of offending matter with some good laxative, such as phosoda. a fine preparation of sodium phosphate and sodium nitrate, or laxol, which is a palatable castor oil. Then the biscarbolate tablets alone can be used as often as indicated, or they can be alternated with sulpho-carbolate tablets or granules, the Waugh-Abbott intestinal antiseptic, guaicol carbonate, copper arsenite, or whatever may be needed. The biscarbolate tablets can be used with any line of treatment which the physician wishes to pursue. In the treatment of chronic diarrhœa the biscarbolate tablets are especially useful and can advantageously be alternated with strychnine.

We never advocate large doses of opium or its alkaloids in these diseases, but we, with many other practitioners, believe that small doses, properly handled, give satisfactory and desirable results, and if elimination and antisepsis are attended to, this is the line of treatment which will be successful.

A NEW CONSUMPTION CURE.

How often during the last decade have we seen the above heading in our medical journals and the newspaper press. New cures have been presented, extensively heralded, tried, found wanting and gone into innocuous desuetude. Some of these treatments have had some elements of value and in selected cases and in early stages there are methods of treatment which are successful. Many cases of tuberculosis are cured, so we should not give the public the idea that tuberculosis is always incurable. But we have not yet the specific which will cure all cases or many cases at all advanced.

The sensation of the American Medical Association meeting at Denver was the paper on the cure of con-

sumption by Dr. J. B. Murphy, of Chicago. Dr. Murphy's proposed plan of treatment is to put the lung completely at rest and thus allow the infected part to heal. The pleural cavity is injected with nitrogen gas and the lung compressed for a time. Then the gas is withdrawn. If a cure has not resulted, the procedure is repeated. This treatment has been extensively described in the public press and doubtless Dr. Murphy will have a mighty host of patients to try his treatment. The New York World and several other papers had an elaborately illustrated sensational write-ups of the new treatment.

Dr. Murphy's great reputation leads the profession to hope for something of value from him and we trust these hopes may be realized to some degree. The treatment may prove of value in selected cases, but we doubt its utility in the majority of cases. As Dr. Murphy has reported only five cures we are content to await further results before judging of the new treatment. As we all know, the statistics of a new consumption cure are always delusive.

Many practitioners are of the opinion of the editor of the Atlantic Medical Weekly, and are willing to await the experience of others before trying it. The editorial article in the Weekly ends as follows:

"Some fifteen or sixteen years ago someone claimed that consumption could be cured by inflating the intestines with sulphureted hydrogen gas. The gas was to be forced into the rectum until it distended the entire alimentary canal and escaped by the mouth. This procedure was to be repeated twice a week as long as necessary. The writer with the assistance of a chemist friend, improvised an apparatus for making and injecting the gas, and tried the 'cure' on a French Canadian. We inserted a rubber tube up the rectum and turned on the gas. Gradually the intestines were distended until the abdominal walls were quite tense. We were somewhat anxious, and the patient much more so; but we assured him that everything was all right and that he would soon be a well man. The expansion continued until it did not seem possible the intestines could hold any more, and we were about to shut off the gas when there came a tremendous eructation of the most dreadfully foul-smelling gas from the patient's stomach, and simultaneously with its coming that Frenchman went. The last we saw of him he was headed for Canada, with the tube trailing behind him, and, so far as we know, he is going yet.

That was the only case of consumption we ever cured with gas, and while we hope Dr. Murphy's plan will be more successful, we are quite willing to await the experience of others. We have had our innings."

An editorial article in the American Medico-Surgical Bulletin expresses the following ideas:

"His proposed new operation for pulmonary tuberculosis is reasonable and in proper hands likely to prove of great value, whether it meets the expectations held out regarding it or not. He has fairly met the objections that are likely to be brought against it.

The tests already made have been successful. Every principal involved is old, well known and reliable. His operation of artificial pneumothorax, by which he brings these principles into play by aid of injections of nitrogen gas is exceedingly ingenious and new. If performed under the direct care of skilled diagnosticians and surgeons there can hardly be a question of its success in a majority of cases, but no plan, no discovery, no invention of any kind can ever benefit the sick if tried by bunglers and incompetent pretenders.'

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The Inter-County Medical Society met at West Superior, Wis., July 12.

Physicians recommend McNeal's hair preparation for seborrhœa and alopecia.

Dr. Dunn's dental fulcrum is a valuable appliance for those who extract teeth.

J. M. & A. C. Johnston, of Chicago, offer our readers a full line of optical goods.

The total cost of purchasing and equipping the hospital ship Relief has been $1,250,000.

The Eureka nebulizer is growing in popularity with the profession as they see its merits.

Dr. Wm. Osler succeeds Dr. Wm. H. Welch as dean of the Johns Hopkins Medical School.

The Western Leather Company make an elegant line of medicine cases at very reasonable prices.

Write to Jones & Co., Niagara Falls, N. Y., for particulars of their confidential offer to physicians.

Bovinine is a valuable, reliable preparation. If you are not using it send for literature relating to it.

If you wish collections made, the United States & Canada Mercantile Agency of Chicago, is the firm to employ.

The Chicago Inter Ocean has been marked by the reliability of its war news as compared with many newspapers.

Imperial Granum is a food which is readily digested and assimilated by anyone, no matter how weak the digestive organs may be.

Local health boards can render useful service to their communities by having rhus toxicodendron and poisonous weeds destroyed.

At next year's meeting of the American Medical Association the general address in medicine will be delivered by Dr. J. C. Wilson, of Philadelphia; in surgery by Dr. F. W. McRae, of Atlanta, Ga., in state medicine by Dr. D. R. Brower, of Chicago.

The thirtieth annual meeting of the Minnesota State Medical Society was held at St. Paul last month. Dr. J. B. Murphy, of Chicago, was present and delivered his now celebrated address on the "Surgery of the Lungs." Dr. F. A. Densmore, of Minneapolis was elected president and Dr. Wm. Davis, of St. Paul, secretary. The present membership of the society is 475.

Iquinin has all the virtues of quinine with none of its evils. Send for samples and give it a trial.

The authorities in Germany have decided that prescriptions may not be refilled without a written order from the physician.

Severe hemorrhage from the nose can generally be controlled by first spraying the nose with hydrozone and then packing with cotton.

Those who are using Kellogg's funis ring applicator have only words of praise for it and say they would not practice obstetrics without one.

Many eminent authorities recommend the Betz hot air apparatus. Betz & Co. have recently issued a number of clinical reports by good men showing its usefulness.

Bismutan is a new compound of bismuth, tannin and resorcin, and is used successfully in treating diarrhœa. The dose for children is 1 to 3 grains every two hours, and for adults, 8 to 15 grs.

The Atlanta and the Southern Medical Colleges have united and will be known hereafter as the Atlanta College of Physicians and Surgeons. This step could be followed by other colleges to the benefit of students and the profession.

The first officer to fall on Cuban soil was a surgeon, Dr. John B. Gibbs, of New York. After a thorough general and medical education he entered practice in New York City and had been very successful. He was born in 1858 and was killed at Guantanamo June 12.

The editor has been using irisol in practice, with satisfactory results. It is a very efficient antiseptic, composed of iodoform, deodorized, boric acid and acetanilid. Instead of an obnoxious odor, such as iodoform has, it has a faint fragrance of wintergreen.

Static machines are being used by physicians more and more because of the good results they give. The Wagner mica plate machine stands at the head, but is sold at a reasonable price. Mica plates are desirable as they can be run faster and are not affected by damp weather.

The London correspondent of the American Practitioner and News says that cobalt nitrate is an effective antidote to hydrocyanic and cyanide poisoning. Successful at first trials with animals, its application has been extended to some forty cases of poisoning among human beings and found successful.

Dr. Jno. A. Larrabee died at his home in Louisville, Ky., June 12, aged 58 years. He served as surgeon in the United States army during the civil war and at its close engaged in practice at Louisville. He was a physician with a national reputation and was president of the Hospital Medical College and professor of obstetrics and diseases of children.

When you wish to supply an artificial eye, write to the Johnston Optical Co., Detroit, and they will send a package for selection. This firm makes a large line of optical goods and instruments. If you need anything of this kind, write for

their large catalogue which is mailed without charge to our readers.

Pyoktanin is highly commended in the New York Medical Journal for the treatment of cystitis. After irrigating the bladder with sterilized water, two drams of a saturated solution of pyoktanin are instilled into the bladder and allowed to remain one or two minutes, after which the bladder is again thoroughly irrigated. This causes pain, but is an effective treatment.

The Rees triplets, a girl and two boys, born at Elgin, Ill., January 30, 1898, are most interesting. They were prematurely born and weighed at birth, five, four and one-half and five pounds. For six weeks they were enveloped in cotton, with artificial heat, and were fed on milkine. Dr. O. L. Pelton was the attending physician and his advice and care saved the triplets. We think no case of this kind has ever before been recorded. The babes were given nothing but milkine from the first, and are to-day healthy in every respect and are more advanced than most children at their age. We advise our readers to send for free samples of milkine and investigate its merits.

Empyema.—The tenth annual meeting of the American Pediatric Society was held in Cincinnati, June 1, 2 and 3. Among the many valuable papers presented, one by Dr. Samuel S. Adams, of Washington, D. C., deserves special mention. His paper, "Irrigation by Submersion in the Treatment of Empyema," gave some excellent suggestions. After the pleural cavity has been opened the patient is placed in a bath of boiled water, or water containing boric acid, at 100 degrees F., for ten to twenty minutes. With every inspiration the water runs into the pleural cavity and with expiration returns laden with pus, which being heavier sinks to the bottom. In a few minutes the water comes out clear. This is repeated for several days and gives good results. The whole body is kept under water and there is no chilling. In cases that require irrigation this method is a desirable one.

Chronic Gastritis.—Dr. Louis A. Kengla, of San Francisco, reported the following interesting case to the New England Medical Monthly, which has attracted considerable attention: J. W., aged 38, a blacksmith, came under my care in 1896. His illness began in 1894 with the usual symptoms of gastritis. In January, 1895, he had become so much worse that he placed himself in the hands of one of our best physicians, under whose care he continued until November of the same year when I was consulted. After hearing his history and the treatment given, I urged him to return to his physician, insisting that nothing more could be done. My protest was in vain.

Examination revealed an emaciated, thin and badly nourished body; his eye, skin and color, fair though pale; his temperature normal; the bowels inclined to constipation with occaional diarrhœa with white, pasty offensive stools; the lungs, heart and kidneys healthy; the liver a trifle small. There was no painful point and no evidence of enlargement, tumor or ulcer. He was so thin that the abdomen could be most thoroughly examined. His tongue was heavily furred, red at the tip, indented at the edges, and the papillæ red and prominent. He complained of being unable to take either solid or liquid food even in small quantities without causing heaviness, weight, oppression, pyrosis, eructation of gases,

nausea and finally headache and vomiting. Since 1894 these symptoms had increased in severety, the nausea never ceased and this whole array of complaints would gradually accumulate in force and energy, overwhelming his system with an attack of headache and intermittent vomiting; that would last from three to five days. In 1895, these storms growing worse rendered his life almost unbearable. I had been attending him about a week, when one of these attacks occured. He had been vomiting one day before I saw him. The scene was truly pitiable. I found my poor emaciated patient in a small darkened room scarcely able to raise his head, gagging and straining constantly, bringing up finally by the greatest of efforts, a teaspoonful of white glary mucous; his head bound tightly or wrapped in ice cloths; his eyes congested; his cheeks hollow; his skin sallow and pale; his face bespeaking the intense agony he suffered, begging and pleading to those around him for relief from the horrible nausea and retching. I remained with him an hour and during that time he was not free for five minutes from efforts at vomiting. His sleepless, aching brain seemed racked to distraction. He would gag, vomit, and fall back exhausted.

This continued three days, gradually lessening. Sleep came only through exhaustion. Every particle of food (liquid or solid) was promptly vomited. During these attacks, the temperature was increased from 99 to 103. These attacks were always of a similar character and from November 1, 1895 to July 3, 1896 they occured every ten days or two weeks. The physician who had treated him had used drugs, diets, and lavage faithfully and persistently, so that at the outset, I was completely handicapped. I began with the remedies which had given relief in similar cases, and in turn used acids, alkalies, alteratives, pepsin, digestants, purgatives, tonics, bitters, sedatives, diets, etc, either singly or in combination, until I had exhaused all the resources at my command. The only perceptible relief came from small doses of diluted hydrochloric acid between the attacks and a solution of cocaine and morphine during the paroxysm.

About July 3, 1896, I read the article referred to above, and in desperation and despair of ever relieving him, I ordered glycozone one-half, then one drachm, well diluted, twenty minutes before meal time In a few days he said he felt better; within a week he repeated the assertion. To the utter astonishment of myself and his friends, one, two, four and even six weeks passed, without a reccurrence of his severe symptoms. About August 20th, he was so much improved, that to hurry matters, I concluded to try lavage again. This was done at 5 p. m. and at 10 that night he was in the throes of an attack, which lasted two days. He then resumed his glycozone and continued to improve till October 15th, when on account of inactivity of the bowels and costiveness, he was given two grains of calomel, which brought on a slight headache and considerable nausea.

He had already been taking more food, but from this time, it was increased in quantity and character, eating three fairly good meals a day, and enjoying them. After beginning the use of glycozone, the acid was continued a few weeks, after meals then left off entirely. No other medicine was used, except occasionally a pill of aloin, belladona, strychnia, cascara, when bowels were sluggish. To him glycozone proved the greatest boon, and to me, the relief given was wonderful. It is useless to add, that I have used the remedy in many cases since, and have met with excellent and even astonishing results.

THE MEDICAL SOCIETIES.

ANNUAL MEETING.

CENTRAL WISCONSIN MEDICAL SOCIETY.

The annual meeting of the Central Wisconsin Medical Society was held at Janesville, Tuesday, June 28, with a good attendance of medical men. Early in the day physicians from all over the district, began to gather at the Caledonian Society rooms, where the meeting was held. The following papers were read and discussed:

Placenta Previa, with Report of Two Cases—Dr. S. W. Lacey, Footville; Auto-intoxication—Dr. A. H. Levings, Milwaukee; Some Phases of Auto-intoxication—Dr. J. M. Evans, Jr., Evansville; Surgery of the Nerves—Dr. W. H. Earles, Milwaukee; The Air We Breathe—Dr. F. T. Nye, Beloit; Infantile Scurvy, with Report of a Case—Dr. J. F. Pember, Janesville; Report of Two Cases of Empyema in Same Family—Dr. L. F. Bennett, Beloit; Report of Two Cases of Empyema—Dr. W. D. Sheldon, Reedsburg; Retinal Hemorrhage—Dr. J. P. Thorne, Janesville; Surgeons' Splints—Dr. Jas. Mills, Janesville.

An elaborate banquet was given at the Grand Hotel after which the following program was presented:

"Better is a dinner of herbs where love is, than a stalled ox and hatred therewith."—Prov. xv: 17.

MAGISTER .....DR. J. B. WHITING, Janesville

I. Work and Rest...DR. JAMES MILLS, Janesville

"Throw physic to the dogs. I'll none of it."—Shakespeare

II. The Profession and the War.....
.....DR. J. A. JACKSON, Madison

"A wise physician, skill'd our wounds to heal,
Is more than armies to the public weal."
—Pope—Iliad—Book XV.

III. Medical Societies.....
.....DR. W. B. HILL, Milwaukee

"Good the more communicated, the more abundant grows."—Old Proverb.

The retiring president, Dr. James Mills, in his toast showed the need of physicians working together and in harmony and told several new and pointed stories. Dr. Jackson in his most vigorous and emphatic manner spoke of the need of the very best men as surgeons in the army. When our boys are so willing to fight for the country, they should, if injured, receive the best surgical treatment that modern science affords. Dr. Hill's toast brought out the value of medical societies to medical men. Wisconsin has a number of good medical associations, all doing work which improves and elevates the profession. The saw bones choir sang patriotic songs between the toasts.

The officers for the ensuing year were elected as follows: President, Dr. F. T. Nye, Beloit; First Vice-President, Dr. T. W. Nuzum, Brodhead; Second Vice-President, Dr. W. H. Earles, Milwaukee; Third Vice-President, Dr. T. N. Miller, Rockford; Fourth Vice-President, Dr. C. S. Smith, Elroy; Secretary and Treasurer, Dr. C. S. Sheldon, Madison; Board of Censors—Dr. W. T. Sarles, Sparta; Dr. J. F. Pember, Janesville; Dr. J. A. Mack, Madison; Dr. E. C. Helm, Beloit.

The proceedings occupied the entire day and every physician present profited by this scientific and social meeting. During the past year the society has flourished and many new members have joined while the old members have given faithful support.

The next meeting will be held in September at La Crosse. There was no question as to the next meeting place after the receipt of a telegram from La Crosse offering a hospital clinic, a steamboat ride on the Mississippi, and if necessary the world with a fence around it. The La Crosse brethren will find the society at the next meeting in full force to partake of their hospitality.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

SEXUAL NEURASTHENIA—Its Hygiene, Causes, Symptoms and Treatment, with a Chapter on Diet for the Nervous, by George M. Beard, A. M., M. D. Edited, with notes and additions, by A. D. Rockwell, A. M., M. D. Fifth edition—with formulas; New York, E. B. Treat & Company, 241-243 West 23d St. 308 pages, cloth, $2.00.

The fifth edition of this work has just been issued and that the profession needs and appreciates the work is evidenced by the successive publication of so many editions. The first chapter is devoted to the nature and varieties of neurasthenia. The different phases of the subject of sexual neurasthenia are thoroughly covered by the book. Treatment is considered under the heads of (1) general or constitutional, (2) local or medical, (3) operative or surgical. Work, massage, travel, marriage, medicines, mental therapeutics, electricity and diet are all discussed in relation to the subject. The electro-therapeutic treatment receives the extended attention which it deserves. Of special value are the histories of forty-three cases which are given fully and several pages are devoted to formulas of use in treating neurasthenia. The book abounds in wise propositions and conclusions as the following extracts show: "The body of the sensitive man is a microcosm of reflex actions, and the three great centers of reflex irritation the family of reflex centers are the brain, the stomach, the genital system; between these, messengers of evil or of good are ever passing, in sleeping and in waking hours; to touch one is to touch all. These three are literally a trinity—three in one, one in three; they cannot be isolated." "Neurasthenia is a diseased state rather than a special, limited and geometrically defined disease. It is a generic morbidity which, as Mobias of Leipsic has well shown in his work on Nervositat, overlaps and runs into numerous other morbid states or diseases or symptoms, to which the terms hypochondria, hysteria, sexual perversion, and so forth are applied."

The following is an extract from the section on treatment: "Local Sedatives. Among the remedies that have a more or less sedative effect on the genito-urinary tract, and which may therefore be employed in connection with the constitutional treatment, are the following: Hydrastis, epigea repens, triticum repens, stigmata of maize, rhus aromaticus, eucalyptus, digitalin, alkalies, cantharides in very minute doses, belladonna, atropia, ergot and ergotine, lupuline, camphor, bromide of camphor, gelsemium, cimicifuga. It is not to be understood that these drugs, when they enter the system, intelligently avoid every other part of the body and rush directly to the prostate gland. It is probable that these remedies have affected the whole body more or less, but their effect can be demonstrated in some cases more readily and satisfactorily on the genito-urinary tract, when it is in a condition of inflammation, congestion, irritation, and exhaustion. The differential action of large and small doses is very noticeable in the use of cantharides and belladona, large doses of these remedies being, as all know, very irritating at the neck of the bladder, while small doses are soothing.

General Sedatives. Among the remedies which have a general sedative effect in neurasthenia, but no special sedative effect on the genito-urinary tract, are: Physostigma, the bromides of sodium, ammonium, lithium, potassium, calcium, and hydrobromic acid, glonoin, scutella-

ria, cypripedin, cannabis indica, lactucarium, hyoscyamus and hyoscyamin, conium, convallaria."

One whole chapter is devoted to the diet of the nervous and is filled with wise and practical statements. The following is a sample proposition: "That as the human constitution increases in sensitiveness through civilization or acquires sensitiveness through disease, the diet should correspond or be restricted mainly to that form of food which is nearest to man in development, the lower and distant forms being dropped off or diminished."

The work is one from which any practicing physician will derive benefit. The subject is one which either is not taught at all or superficially in our colleges and has not received due attention from practitioners, hence the charlatan has improved this rich field. It is time for the regular practitioner to equip himself for the treatment of such neurasthenics and by means of the better results obtained he will leave small room for the advertising charlatan.

Anti-Christian Cults—An Attempt to show that Spiritualism, Theosophy and Christian Science are Devoid of Supernatural Powers and are Contrary to the Christian Religion. By A. H. Barrington, A. B., B. D., with a commendatory by the Bishop of Milwaukee. Milwaukee, Wis., The Young Churchman Co. Cloth. 170 pages.

Many of our readers, who enjoyed the papers on Christian Science by the same author, in the March and April numbers of the Recorder, will be pleased to have this book. The author goes into the history of these cults and then carefully analyzes their principles and practices. It is a scholarly treatise and the conclusions which are drawn will stand as permanent truths.

The following is an extract from Bishop Nicholson's commendatory: "'Cults,' these are well called; make-shifts, patent medicine processes; and all thoroughly 'Anti Christian Cults,' most veritably and far too effectually, they always prove to be. New they also are, in one sense; and yet not new, in a more true and exact sense. Old and very old, full of decay and moral rottenness; full of foul odors and intellectual poison, and the germs of a fatal spiritual disease hid beneath as all history well shows. Old ghosts of old time heresies, they are each one. Ghosts that will not lie down in their graves; sure to rise again each passing century, or even decade; assume some new and more fanciful dress, perhaps a shade more picturesque and fashionable than before; and so they live again, parading the old lie under changed terms and in smart language; beguiling many weary and sin-laden souls, fooling the people, attracting the unwary, shaking the unstable as the latest fashions, the last mental 'cult,' the newest and freshest 'religion' always has done, always will do; something that has come to 'reform,' to supersede and dethrone the old."

The following extracts are from the concluding chapter of the book:

"We found Spiritualism to be so surrounded with fraud, trickery and deceit that it was difficult to find even the modicum of truth necessary to give it any hold upon an intelligent and not a superstitious people. We found that marvelous manifestations and phenomena could all be duplicated by the honest presdigitateur, through his own skill, and, therefore, that it was needless to call in the aid of the unseen, disembodied spirits."

"Theosophy is a system evolved out of a combination of the doctrine of evolution, reincarnation, fatalism and Pantheism. It is admittedly pagan in its origin and claims its occultism to be 'handed

down from the times of the Mysteries to the present.'"

"Christian Science we found to be the name given to a theory woven around an alleged discovery of an art of healing, the principle of which, however, has been made use of by all kinds of healers, ancient as well as modern. The explanation is found in the secondary consciousness of man, responding to hypnotic suggestion. Cures are performed in this way assuredly, but there is a most decided limit and it is worse than useless to apply it in all cases. As this is attempted, however, and lives are actually lost in this way, it becomes a dangerous principle in the hand of the ignorant healers and should be restricted.

As a theory, it is the idealism of Bishop Berkeley, attempted to be put into practical every day life. Declaring matter non-existent and nothing real but mind or spirit, it would counteract, heal, the evil effects, which active nothingness (sin, sickness and death) exerts upon the lives of men but which it declares to be illusions of mortal mind.

As a science, it is a misnomer, illogical, incomplete, inconsistent and altogether untrustworthy. As a religion, it is anti-Christian. It twists, perverts and contradicts the plain teaching of the Bible and denies the Christ of history to advance its own untenable assertions. If ever there was an illusion it is what is called Christian Science, which raises a hope in the breasts of its adherents which they will find, when too late, that it is utterly incapable of satisfying."

The book is one which every physician will enjoy reading and which is worthy a place in the doctor's library. The author is a close student and expresses his views in a vigorous manner.

Dr. R. C. M. Page.—The medical world has lost an able practitioner and medical author in the death of Dr. R. C. M. Page, of New York. He was visiting in Philadelphia and while there was taken ill and suddenly died June 19. He was born in Richmond, Va., in 1840. In 1867, he graduated in medicine at the University of Virginia and a year later at Bellevue Hospital Medical College. He held a number of hospital positions in New York City and was professor of general medicine and diseases of the chest in the New York Polyclinic. He was author of a work on the practice of medicine and of several volumes relating to diseases of the chest.

Antiseptic Method of Controlling and Absorting Fevers is the subject of a treatise just published by the Maltbie Chemical Co., of Buffalo, N. Y, It is a collection of reprints from leading journals on the subject and contains the latest and best ideas. Much valuable information is given in its pages on fever and its treatment by viskolein, which is a treatment that is rapidly growing in favor with practical medical men. It is mailed free to physicians on request and is well worth sending for.

The Philadelphia Medical Journal has just completed its first volume. During the past six months, under the able editorial management of Dr. G. M. Gould, by its enterprise and originality, the Journal has assumed a leading place in medical journalism. It is a great weekly and is unexcelled by any medical weekly published. It has every week a large amount of news from both this and foreign countries, and an abundance of scientific matter.

Page x contains valuable information to physicians not yet subscribers.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. I. JANESVILLE, WISCONSIN, AUGUST, 1898. No. 8.

ORIGINAL ARTICLES.

METRITIS:

ITS ETIOLOGY, PATHOLOGY, SYMPTOMS, DIAGNOSIS, PROGNOSIS, AND TREATMENT.

By Thos. Fitzgibbon, A. M., M. D., 415 Grand Avenue, Milwaukee, Wis.

Professor of Gynecology and Clinical Gynecology in the Wisconsin College of Physicians and Surgeons; Physician for Diseases of Women, St. Joseph's Hospital, Milwaukee; Physician for St. Francis' Seminary; St. Aemilianus' Orphan Home

It is evident that to condense into the narrow limits of a short paper, this subject would require a volume for its extended consideration, therefore, must of necessity give only a superficial review of the essential points:

Metritis, according to its anatomic characteristics, may be classified under the following subdivisions, viz:

1. Cervical Endometritis, acute and chronic.
2. Corporeal Endometritis, acute and chronic.

Metritis, Acute and Chronic.—As there can be no exact line drawn between these various forms, for the reason that the conditions are apt to be concomitant, it may be better to discard the anatomic classification and discuss the subject under a classification based on its clinical aspects, viz:

1. Acute inflammatory.
2. Catarrhal.
3. Haemorrhagic.
4. Chronic painful.

PATHOLOGY.

In the acute stage we have an active hyperaemia of the lining of the uterus: red, swollen and softened. The mouths of the utricular glands being highly congested, later in the disease, the cavity of the uterus contains a great quantity of currant-jelly mucus mingled with pus and blood; there is a marked disposition on the part of the uterus to bleed on the slightest provocation.

In the catarrhal form there is a tendency to the formation of polypoids. In the chronic painful form the whole substance of the uterus is enlarged; as there is an increase of the connective tissue of the parenchyma of the organ which produces two characteristic symptoms, viz: pressure of the blood vessels producing congestion and pressure on the nerve filaments producing pain.

ETIOLOGY.

Predisposing causes. We may have:

1. Impoverished blood from anaemia or chlorosis.
2. Subinvolution.
3. Tight lacing.
4. Frequent parturitition.

DIRECT CAUSES.

1. Lacerations of cervix.
2. Displacements.
3. Too frequent copulation.
4. Indiscretions at the time of monthly period.
5. Infection following laceration.
6. Traumatism produced by ill-fitting pessaries, and especially the intra-uterine stem.
7. Exanthematous diseases.
8. Frequent abortions and preventions of conception.

SYMPTOMS.

The ones that are more or less common to all forms of metritis are the *uterne syndroma*, viz: pain, leucorrhoea, dysmenorrhoea, metrorrhagia, disturbance of neighboring and distant organs.

1. Pain situated in pelvis, dragging in its character, sometimes radiating down the outer side of thigh, and may in some cases extend upward toward the axilla on same side, a feeling of weight at pelvic outlet as though a foreign body in vagina which should be expelled.

2. Leucorrhoea is a prominent symptom, muco-purulent, ropy, alkaline reaction and stains the linen.

3. Dysmenorrhoea is especially prominent in the chronic painful form, and is due either to enlargement, displacement, stenosis or flexure of uterus.

4. Metrorrhagia and menorrhagia more frequently found in the hemorrhagic form.

5. Disturbance of neighboring organs known by frequent micturition and pain during the act of defecation, so much so that the patient delays the act until chronic constipation results.

6. Disturbance of distant organs, the nervous and digestive symptoms are principally affected. In the nervous system we have an increased irritability of temper, occipital headaches, etc. The digestive disturbance is manifested by indigestion, gastric discomfort and flatulency.

Each form of metritis has some characteristic symptom, viz. The catarrhal a profuse leucorrhoea, hemorrhagic, frequent hemorrhages. The chronic painful by pain, tenderness, and enlargement of uterus.

DIAGNOSIS.

We must differentiate from pregnancy, abortion and neoplasms of uterus.

In pregnancy we have an absence of the menses, usually morning nausea, softening of the cervix, bluish color of cervix and vagina, size of uterus generally increasing.

Patient aborting, we will find shreds of membrane in the foul smelling discharge from uterus, and later by signs of sepsis. Neoplasms may be diagnosed by a thorough physical examination and the clinical history.

TREATMENT.

Prophylactic treatment is care and asepsis on the part of the physician during confinement, abortion or operations on the genital organs. Do not infect your patient. In all cases of abortion, with or without hemorrhage, see that all retained membranes are removed. This is best done with curette, followed by thorough irrigation of uterus. In the acute form rest in bed, general tonics if indicated, easily digested and nutritious diet, keep bowels active by saline laxatives, sexual intercourse and all intemperate exercise interdicted.

Douches of hot sterilized water containing ½ to 1 per cent chloride of sodium should be given every two hours during the day and four hours at night; patient should be placed in dorsal position with hips elevated; quantity of water from one to three gallons and temperature 100 to 115 F.

In gonorrhoeal metritis dilate cervix and use intra-uterine douche

1-5000 bichloride solution, followed by plain sterilized water. Cervical and perineal lacerations should be repaired, cysts of cervix treated, displacements corrected and give fl. ext. ergot internally when hypertrophy exists.

Many gynecologists of the present day condemn the former practice of intra-uterine applications, and am fully convinced, unless properly and aseptically done, produce more harm than good. There are so many patients suffering with metritis who cannot afford the luxury of a few weeks' hospital life whilst undergoing the more scientific treatment of curettage that many of us are forced to fall back on local treatment rather than no treatment at all.

My plan in severe cases of chronic metritis is as follows: If the patient can be induced to spend a week or two in bed, put her under the influence of an anaesthetic, dilate the cervix and curette the endometrium thoroughly with a sharp curette, irrigate the uterus with a saturated solution of boracic acid or an iodine solution, two drams to the pint. Should any discharge continue, dilate the cervix and apply a solution equal parts of tr. iodine carbolic acid and glycerine twice a week.

In those cases where we can not induce patient to curettment, I make local application of tr. iodine, carbolic acid and glycerine equal parts twice a week. First mop away all mucus from os. and vagina with a solution of bichloride of mercury 1-1000, dilate cervix, clean all mucus from canal and lining of uterus before making intra-uterine application. A boroglyceride tampon allowed to remain 24 to 48 hours. Copious vaginal douches given twice daily after the tampon has been removed.

This form of treatment has given me many happy results, but advise one precaution—do not apply iodine intra-uterine unless the os. is properly dilated and the direction of uterine canal normal, as the most violent uterine contractions may follow. In above and atrophic conditions use ichthyol and glycerine equal parts.

GLANDULAR FEVER.

By T. N. Miller, M. D., Rockford, Ill.

Glandular fever is comparatively a new disease in this section, and although rarely fatal is deserving our careful consideration for fear of its leading us into errors of diagnosis.

Glandular fever is a contagious disease characterized by enlargement of the superficial and deep cervical glands and accompanied by rise of temperature. Its duration is from three days to six weeks.

A German writer named Pfeiffer was the first one to describe and name this disease, and until the last two or three years our knowledge of it has been confined to Pfeiffer, Heubner, Von Starck, Rauchfuss and Protrssow. Since that time a few articles have appeared in the medical journals of the United States as the Lancet, Medical News, Archives of Pediatrics, etc. In looking up some of the more recent works on practice I do not find it mentioned in Loomis, Osler, Wilson's, Applied Therapeutics, or in Wood and Fitz.

In Gould's Year Book for 1898, I find the following: J. P. West records an epidemic of 96 cases of what is now called glandular fever, occurring in a hamlet of 100 inhabitants, and in the surrounding community. The ages of those afflicted ranged from seven months to thirteen years, although both older and younger children were exposed. The duration averaged sixteen days. But one death occurred, and there were no recurrences or sequalae. The most marked symptom was the swelling of the

carotid lymphatic glands, which was nearly always double, though often beginning on one side. In three-fourths of the cases either the post-cervical, axillary or inguinal glands were enlarged, In thirty-seven cases the muscular glands could be felt, while enlargement of the liver was noted in eighty-seven cases, and of the spleen in fifty-seven cases. There was no ear trouble or coryza and no abnormal pulmonary signs discovered. All but one case occurred between October first and June first. There was no definite period of incubation, but seven days after exposure was the average time of apppearance of the attack. Convalescence began in the severe cases with a thin, greenish mucous diarrhoea, and diarrhoea was present in almost all the mild cases.

During the last year there has been quite an extensive epidemic in Winnebago county, Ill., and especially about Winnebago village and Rockford. Dr. E. J. Clark of Winnebago, reports having attended eighty cases. And several physicians of Rockford report from ten to twenty cases.

In nearly all of these cases a direct exposure can be traced. In all of my own cases, twenty in number, I was able to trace an exposure to a person or persons previously having the disease. In one family every member had an attack, including the father, mother and four children, the youngest an infant in the cradle (four months of age.) In the case of the baby one of the glands went on to suppuration. So much for the history of the disease.

The disease is usually ushered in by chilly sensations, but rarely a distinct chill and much malaise. There is also much aching pains over the whole body and the thermometer indicates a distinct rise in temperature. In most cases there is a slight pharyngitis. Before twenty-four hours have passed there is a distinct enlargement of the superficial cervical glands, generally those situated posterior to the sterno-cleido-mastoid muscle. The size of the glands is not always in proportion to the severity of the disease. One case that I saw in consultation with Dr E. J. Clark measured ten inches from extreme left to right side. In this case, though there were several times symptoms of collapse, such as very feeble pulse, cold extremities, clammy sweat and stupid condition lasting half an hour or more, yet recovery was complete in six weeks.

It is somewhat surprising as to how rapidly they will go down under appropriate treatment, generally reaching the normal size in two or three days. In several (3) of my cases there was a distinct papular rash, attended with much itching. The rash usually disappeared in twenty-four hours. The sequalae of glandular fever in my cases has been disturbance of the kidneys. One case had complete suppression for thirty-six hours together with the fever which accompanies that condition.

The diagnosis has already been in a measure hinted at in our symptomology. The fever, malaise, sudden swelling of cervical glands as well as the epidemic nature of the disease all point to the glandular fever. When attended by rash it has been mistaken for "German measles." But the intense pruritus, papular eruption, together with the enlarged cervical glands ought to enable us to make a correct diagnosis.

The treatment, by most authorities, is declared to be negative in results. Dr. E. J. Meachum, of Rockford, reports favorably the use of sulphide of lime, saturating the system with it. Dr. E. J. Clark says he obtained good results from proto-nuclein. The frequent application of lard or lard and spirits of camphor, or soda and oil of turpentine over enlarged glands

seems to hasten resolution. I have obtained best results from the use of sulphocarbolate of soda gr. 2 to 5, dissolved in water every two or three hours. To prevent trouble with the kidneys, avoid exposure to sudden changes of temperature or chilling the surface, or in other words confine your patient to the house and to a warm room. In cases of urinary suppression employ the usual means as warm bath, hot pack, hot air bath, together with infusion of digitalis and acetate of potash.

ALKALOIDAL MEDICATION.

(Eighth Paper.)

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, O. T.

ERGOTIN.

The standard granule of ergotin contains gr. one-sixth. A single active principle of ergot, if such exists, has not yet been isolated. The claim has been advanced for many more or less active principles and preparations which have been extracted at different times by investigators, but up to the present time not one of them singly can be taken as representing the therapeutic action of ergot.

As the matter stands today, ergotin is a "purified aqueous extract of ergot," which presents in a concentrated form the medicinal virtues of the drug. There are principles in ergot which in a measure counteract each other. For example sclerotin diminishes arterial pressure and sphacelin increases it. There is also a tetanizing principle in it. Now it is feasible with our present knowledge of the constituents of the drug to leave out at least the undesirable elements. Sphacelin is the constituent which produces gangrene when given continuously or in excessive dose.

That the dialized aqueous ergotin is competent to do all the work that we have been accustomed to expect of ergot, it is only necessary to cite the experiments of Markwald. In addition it accomplishes its work more safely because the tetanizing principle seems to have been eliminated. This ergotin is Wermich's, which is an improved Bonjean.

Ergotin being an aqueous extract is freely soluble in water, and may be used hypodermically when facing an emergency demanding prompt action.

Ergotin in full dosage (1 to 3 grains) slows the circulation and lowers blood pressure, fills the veins and depletes the arteries. This contraction of the arteries, according to the more recent investigations, seems not to be direct or along the vaso-motor tract as was formerly believed, but seems to be entirely indirect and passive. The blood vessel walls merely following a shrinking blood stream.

Probably the effect of ergotin in stimulating uterine contractions is occasioned through this action, i. e., the blood supply in the uterus being diminished the resulting anemia irritates the musculature and contractions ensue.

Ergot is considered by many prominent authorities as the best remedy we have in all internal hemorrhages. That it is of value cannot be questioned. From a study of its physiological action aconitine ought to combine well with it for this purpose.

That it will not always control hemorrhage, the writer knows only too well. That it is not to be depended upon to the same extent as atropine, he has often demonstrated in his own practice. To be depended on at all for this purpose it must be given in large doses. It acts in a far more rapid and positive manner when used hypodermically. In using ergotin hypodermically a few precautions are necessary if one would avoid irritation, painful induration or abscess. The

surface, usually the abdominal parietes by selection, through which the injection is to be given, should be thoroughly cleansed as well as the needle. The ergotin should be dissolved in freshly boiled water. Ready-made solutions of ergotin should never be kept on hand.

Ergotin, because of its action in lowering blood-pressure and slowing the circulation, has obtained some reputation as a remedy for local congestions. Congestive headache, where the temples throb and the conjunctiva is injected, will frequently yield readily to it. In general, however, as a remedy for congestions and inflammations either regional or general ergotin must take rank below the more potent arterial sedatives, aconitine and veratrine.

It is the various complications of the puerperium that ergotin finds its true sphere of usefulness. It was the great ecbolic drug of the older generations of practitioners, and in truth as an ecbolic pure and simple we have no better today. When labor is once in progress there can be no doubt of the power of ergotin to increase the force of the pains, but at the same time it changes the character of them from an intermittent to a continuous type, and thereby endangers both the mother and the child.

So that today the more progressive physician applies the forceps in the class of cases that formerly called for ergot. Instead of forcing nature to a more vigorous and unnatural vis-a-tergo he brings into play a safer, more reliable and the same time controllable vis-a-fronte.

But at the same time that the sphere of its usefulness has been circumscribed we have not been able to eliminate it altogether. It is the remedy most relied upon by a majority of physicians for post-partem hemorrhage. These cases are sudden in their onset, and rapidly verge to the dangerous. So to be at all effective, ergotin must be given in large dose (as much as 5 grains) hypodermically. This quantity may be repeated every 10 to 15 minutes to effect, not forgetting at the same time to assist its action by clearing the uterus of all debris. I have several times experienced the necessity of tamponing the uterus in order to control this truly formidable complication of the puerperium.

Tamponing may be rapidly and effectively done by wringing a clean cloth (a clean handkerchief will do) from hot vinegar and carrying it into the cavum uteri with the hand.

When possible, post-partum hemorrhage should be dealt with antepartum. That is to say, it is amenable to a well directed prophylaxis. Strychnine arseniate administered during the last month or two of pregnancy will do much toward preventing it and in conjunctiou with a proper attention to the regulation of the bowels may be relied upon with confidence. My experience leads me to believe that a constipated bowel predisposes to postpartum hemorrhage. A careful study of the nerve distribution of the pelvic region will, I think, demonstrate the reason.

When flooding is feared, the child delivered and nothing in the way of immediate placenta delivery, a large dose of ergot is a well recognized precaution.

Ergotin is the most reliable drug we have to assist nature in reducing a sub-involuted uterus during child-bed. The local anemia it occasions excites contractions of the organ, and by this means facilitates drainage. Inadequate uterine drainage is in the writer's opinion the most potent factor in the causation of that condition known as postpartum subinvolution. Drainage may likewise be facilitated by posture. The old barbarous dorsal decubitus should be relegated out

of existence in the normal puerperium.

Ergot and the tampon used to be the only recognized treatment for abortion. The idea being to restrain hemorrhage and at the same time stimulate the uterus to contract and throw off its contents—two things which were seldom accomplished by this means.

Much of woman's ill-health had its origin in this notoriously ineffective way of treating abortions. The tampon became an absolute necessity with the ergot treatment. It would seem to me to be just as rational for a surgeon to attempt to control the hemorrhage from a severed femoral artery by administering ergot as to control that of abortion in that way.

Today the ergot tampon treatment of abortion can hardly be taken seriously. There is but one thing to do where nature is incompetent to perform the task without great waste in time and strength—do a surgical job of cleaning out. When that is successfully done you may prescribe your ergotin with some confidence that it will benefit your patient.

Ergotin has the power of exciting contraction of all involuntary muscular fiber, more especially the circular probably in the same way that it excites uterine contractions—by anemia—irritation. Therefore in urinary incontinence due to atonicity of the musculature of the neck of the bladder it works a cure frequently very nicely. For this trouble it will do better work when combined with strychnine arseniate.

Likewise the same combination often proves invaluable in spermatorrhoea and for the same reason.

In diabetes insipidus and mellitus ergotin has been given more or less empirically with good results.

GELSEMIN.

Gelsemin—a true alkaloid from gelsemium sempervirens; standard granule contains gr. 1-250.

Gelsemin—a concentration of the same drug, having a uniform strength which is only too well known to be wanting in the ordinary fluid extract and tincture. The standard granule contains gr. 1-134.

While the action of the two are not dissimilar, it is well, as Shaller advises, to familiarize oneself with the one or the other. The writer began with the gelsemin, and its action has been so prompt and reliable that he is not inclined to give it up.

In its range of physiologic action gelsemin seems to combine in a degree that of aconitine, veratrine, cicutine, physostigmine and atropine.

It depresses and finally in large doses paralyzes the motor centers in the cord. It slows the circulation and where agitated seems to calm it.

Gelsemin lessens mucus secretion and dilates the pupil much like atropine though less in degree. Secondarily it diminishes sensory irritability. No one of these phenomena are as marked as when produced by the drug it resembles.

Gelsemin cannot be considered so good a defervescent as acontine or as powerful an arterial sedative as veratrine or as potent a dryer of excessive secretion as atropine. Yet the combination of all these actions in the one drug gives it a wide therapeutic application.

Pushed along the physiologic line muscular languor develops similar to that produced by cicutine—the eyelids grow heavy and the lower jaw is held up only by strong effort.

Gelsemin does not seem to be a direct heart poison. Fibrillary twitching of the muscles is frequently seen in those profoundly under its influence.

It will be seen that gelsemin should be useful in all conditions of motor excitation general or local. It is

claimed by those who have used it in chorea that it is the remedy par excellence for that formidable and distressing disease. The writer cannot speak from a personal knowledge, but a priori, judging from its physiologic action, it should be superior even to cicutine.

Having a relaxing effect on muscular fiber like that of atropine, it is useful in torticollis and other local muscular contractions, if used before adhesions have formed or the muscle has become permanently shortened.

The author has found it useful in idiopathic (?) vertigo. Sometimes a large dose is required, at other times a small one will do. It is best to begin with a small dose passing up rapidly if required.

While the drug has some reputation, especially among our southern brethren, for malarial fevers, yet it can hardly supplant the other well-tried remedies for these troubles.

In headaches and neuralgias, especially tri-facial neuralgia gelsemin has well a good reputation. To be effective it will frequently have to be pushed to the physiologic li mit as evidenced by heaviness of the eyelids and muscular languor. In pruritis due to faulty in nervation it usually acts well.

Gelsemin is an effective relaxant of a rigid os during labor and will often change what promises to be a tedious and unfavorable case into the opposite. It does not positively strengthen the pains, may in fact slightly weaken them, but relatively it does so by diminishing the resistance to be overcome.

For the condition so often expressed by the commonly used term, "nervousness," it is powerful for good through its action on the spinal cord. It will cure the insomnia which is so frequent an accompaniment of the above state, by allaying nerve irritability.

Gelsemin may be depended upon to relieve the pain of spasmodic dysmenorrhoea. For this purpose it should be pushed to effect. It works in harmony with glonoin in the relief of this condition. La grippe seems to be primarily a disease of the nervous system and as such it will, when attacked in the beginning, yield to gelsemin.

As an illustration for purposes of comparison, permit me to briefly cite two cases:

Case 1. Jennie G., aet. 18 years, a girl in average health, was suddenly seized with all the symptoms of a severe attack of la grippe. The bowels were cleared out and the following prescription ordered:

Acetanilid.
Pulv. Ipecac et Opii. aa . . . sc. 1
Zinc Sulfocarb . . . . . dr. ½
M. et Div, in Caps. No. xvi.

Sig. one every hour until aching is relieved, then every two hours.

The writer long ago learned the lesson to discard quinine in simple uncomplicated cases of la grippe. This patient was sick eight days and considerable tonic treatment was required before she fully recovered.

Case 2. Carrie G., aet. 13, sister to case one. General health rather poorer than that of her sister. She was taken sick at the same time with precisely the same symptoms in just as aggravated form.

Here was a good opportunity to test two different methods of treatment in parallel cases and identical conditions so far as one could judge. I said to the little patient: "Carrie, do you want to get well quickly and would you mind a little discomfort, provided that by doing so you could be up in a few days?" She replied: "Anything rather than what I am now suffering." Gelsemin, 24 granules, was left in a saucer with directions to take one dissolved in a little water every half hour until the eye-lids should feel heavy, or disturbance of vision or muscular languor should supervene,

then every two hours until morning. This was 8 p. m. The bowels were cleared out as in preceding case. In the morning I called and found Carrie anxious to be permitted to get out of bed. It required five half-hourly doses to cause the heaviness of the lids. Disturbance of vision (double vision) appeared at the same time in her case. As soon as these symptoms appeared the grippal symptoms vanished and did not again return. She convalesced promptly on strychnine arseniate, while her sister, Jennie, did not fully recover in a month.

Gelsemin is a good sedative for children and will frequently quiet a fretful baby when opiates aggravate. Shaller's rule should be observed in giving gelsemin to infants and children. The writer has apparently cured ear-ache in children with gelsemin, of course, common sense would teach us that the ear-aches which gelsemin would cure must be on the neuralgic order or those which had not progressed beyond the congestive stage if inflammatory. But even an inflammatory ear-ache has much of the neuralgic style of pain. It has also some reputation as a remedy for tooth-ache. I suppose likely for the same reason.

Dr. H. H. Nottage, (Virginia Medical Monthly, Vol. 3, No. 5, page 148,) declares it a specific for colds, especially "A certain variety of cold for which gelsemin is as near specific as any drug can be. The patient feels cold chills running up the back. A clear watery fluid runs from his nose. Now give the gelsemin and the next morning the cold is gone."

Specific indications for the use of remedies is what will help us along in the practice of medicine and one cure is worth more than all the fine-spun pseudo-scientific theorizing, so please remember this and put it to the test when the first opportunity presents. Possibly, even probably, perhaps its power over neuralgia is due to its congestion-dissipating property.

In all convulsive or spasmodic conditions gelsemin is a potent remedy. Withal, given dosimetrically, it is perfectly safe. The writer is never apprehensive of a remedy no matter how active (or poisonous, if that term is better understood) provided he is supplied always with a uniform preparation.

The range of usefulness of this remedy is wide and in my practice daily find new openings for it. Any observant physician will be repaid for the study he will give it. It is sometimes necessary to guard it with strychnine in adynamic cases.

(To be continued.)

DYSENTERY.

By Ben. H. Brodnax, Brodnax, La.

Every doctor knows what it is, and why. In our south land excessive heat and moisture comes in as some of the producing factors. So we always prepare when hot weather comes to treat the disease.

Minor cases are treated with calomel ½ to 1 gr. doses every 20 minutes till 4 to 10 or 12 doses are given; with this 1-10 gr. podophyllin. Add if you like 1 to 3 gr. salol every hour, as to age. Usually by the time the calomel has acted well, and shows that it has acted, and two or three doses of salol taken, the trouble is gone.

In more severe cases give the following:

Bismuth	gr. 60
Acetate Lead	gr. 5
Sulphate Copper	gr. 3
Turpentine Water (or tea)	oz. 3

Mix—Dose 1 teaspoonful every half hour till three doses are taken, then every hour till three more, then every two or three hours.

In infants where indigestion and

heat cause much trouble, use turpentine tea (or above) made by rubbing up 20 drops of turpentine in 1 teaspoonful of sugar, add 3 oz. hot water, stirring all the time. Strain through a cloth when cold and use after each, nursing 1 to 2 or three teaspoonfuls. Have known some distressing cases of dyspepsia with loose bowels, cured in adults, with ten drops of turpentine after each meal.

In severe cases use the following formula:

Sulpho-carbolate Zinc....gr. 30
Acetate Lead.....gr. 3
Boracic Acid.....gr. 10
Turpentine Tea.....oz. 3

Dose-Teaspoonful every hour till the more prominent symptoms subside, then every two hours. Children half the dose. With this, as to age, I give salol in 1 to 3 grain doses every 2 or 3 hours.

Often, if taken in the commencement of the attack, one grain of calomel and one grain of salol every half hour will cure the trouble. Where blood shows in the discharges, or where there is pure blood as an evacuation, the following has done me good service:

Nitrate Silver.....gr. 8 or 10
Water.....oz. 8

Mix, inject as high up in the intestines as possible, let remain for ½ minute and pass off. This may be repeated in 12 hours. Don't forget salol as a disinfectant. I find that turpentine 1 to 10 drops every 3 hours with salol 3 grains, has a very pleasant effect healing the intestines and aiding in discharging the matter from the bowels, preventing tormina and pain. The turpentine is an anti-ferment, at the same time is healing and soothing to the mucous surfaces. Nearly every solution that I use in intestinal diseases has it in some form.

Some years ago I was much impressed by the remark of an author who was much opposed to vegetable astringents in the treatment of this disease and I stopped their use, except in mild cases. But during the last four years I have had a series of cases that yielded to the following, only:

Tannic Acid.....drachm 1
Sulphate Copper..... " 3
Carbolic Acid.....drops 5 to 10
Water.....ounces 3

Adults, dose 1 teaspoonful every half, or one hour.

The above, as in fact all of the formulas, are aided by cloths wrung out in oil and turpentine equal parts, the same laid over the abdomen and covered with a cloth wrung out in hot water.

Coal oil (kerosine) 2 parts
Oil or Lard 1 part melted together

A cloth, treated as above with hot water cloth over the same is pleasant to the sufferer.

Opium should not be used in hot climates in intestinal diseases except in very small amount. Paregoric is the safest form. Bryonin fl. ext., 10 drops acts well to ease pain. Dovers powders where the stomach is not irritable. Have tried the large doses of dovers powder 20 gr. in bolus, so highly recommended, but in my patients it produced intense nausea and vomiting with no good to the bowel trouble.

With the above different formulas, I have had splendid results in the last 30 odd years, seldom losing a case, and at times the trouble assumes the intensity of an epidemic. It is not uncommon on some of our plantations to have ten to thirty cases of greater or less intensity at one time and all ages from the infant to the aged. Of course every case is a separate study and should be treated as such. I have no "routine" in my practice, each case is treated on its merits.

One thing must be considered in every case—the cause. Calomel and salol will cleanse and purify the intestinal tract and make it ready for any

other treatment. But in this climate anything calculated to paralyze the action of the bowels, any sudden checking up of the disease, is not good for the patient. I cordially recommend the above ideas to my brethren as they are the result of a good many years of careful bed-side study. Also another consideration is that most of the articles used are found in almost every family.

Referring to the tannic acid formula—a good many have learned the idea and treat themselves with "Red-oak ooze" or tea and gum camphor. The old treatment of camphor spirits and turpentine equal parts with laudanum (It will be noted that the other two counteract the constipation qrinciple of the opium) added is not a bad idea and will be found very serviceable. I have for several years where turpentine was not handy used strong tea made from the root bark of the sassafras with the drugs named and also, where convenient, a decoction of cinnamon bark, both by themselves and as a menstruum in which to use other drugs. This is written more especially for my brother country doctors who have not always a well stocked drug store to fall back on. I will add one more backwoods remedy, much used: A pill of the soft gum which oozes from the pine tree when cut, or bruised, about five or six grains is an excellent treatment for chronic dysentery—1 pill 3 or 4 times a day. One more:

Bichloride of Mercury . . . gr. 1½
Water . . . . . pt. 1

Mix–dose 1 teaspoonful every 3 hours till it acts, then stop its use. It seems to go back behind all the filth and root it out.

The Recorder goes into every sta e in the Union and to Mexico, Canada, Central America and other foreign countries.

IRITIS.

(Third paper.)

By J. A. Pratt, M. D., Aurora, Ill.

Having the fact in view that the uveal tract contains most of the vessels that supply the eye-ball, we do not wonder at the severe sequelae often following an attack of iritis, especially if the condition is not properly diagnosed and treated. The continuousness of the blood-supply of the choroid, ciliary body and iris, makes it exceedingly rare that we do not have an inflammation of the ciliary body and iris, when we have a choroiditis. What more could we expect, when the nutritive supply has first to travel a diseased area. So we are safe in saying that in a severe inflammation of the choroid, we have a cyclitis and possibly an irido-cyclitis, while with a cyclitis, or a condition starting with inflammation of the ciliary body, we may have a complete uveitis while possibly with less rapidity we can have the inflammatory progress reversed and have a complete or partial uveitis for a severe and neglected iritis.

When the eye has this complication we generally have very severe results. It is here that the training of the diagnosticion brings its good results. It is so easy to control an iritis in its early stages, but when it has reached the acute stage and begins to extend to the other structures, we have about all we wish to attend.

In a reported case of serous iritis, when the eye-balls were examined, the patient having died of an intercurent pneumonia, no portion of the eye had escaped a change except the lens. It is no wonder that we find more blind eyes from this cause than from any other one disease of the eyes.

There is great danger from the adhesion of the iris to the surface of the

lens. This binding down of the border of the iris, keeps up a constant a irritation by the dilatation of the iris and causes, frequently a recurrent iritis. A small portion of attachment makes a very disagreeable eye and leaves it in a state of chronic irritation, which some physicians have had hard work to account for. We frequently have patients for the examination of the eyes, that we know have had a previous inflammation, from the posterior adhesion; yet the patient will deny it having existed, or marvel at our ability to tell by looking at the eye, that years ago there was an inflammation, and so we build a reputation as a wonder, simply by being a little observing.

How easy it is to form the habit of not observing, and we are often surprised that a brother has discovered the little things that we have neglectfully overlooked. The successful physician is the one that can observe the little things, for it is often the little things that cause the greatest troubles. We have so much to mislead us, that we must always be on the alert, not taking things for granted or guessing that a thing is so.

The infiltration caused by the inflammation not only leaves the complete synechia, but we are apt to have an organized body of lymph, etc. in the pupil, or the parts so glued together that a secondary glaucoma results from the retained secretions. This plastic deposit and congestion cuts off the blood supply, impairs the nerves and we have the atrophied eye, becoming even calcareous, which from its irritation and pain, makes enucleation irresistable.

When we have a complete posterior synechia, occlusion, or extensive extension of the inflammation in iritis, the prognosis in anything but favorable. If the adhesions can be broken up and the iris dilated, we are extremely fortunate, and if there is a syphilitic antecedant we are more so. If the syphilitic forms are recognized at once, they are very amenable to treatment, while the rheumatic and gouty types are more prolonged and painful.

The simple cases will run from ten days to three weeks, while the cases that are severe or complicated may last for months. The longer the case runs the more damage the eye sustains. The simple cases recover fully.

The prognosis depends much more upon the quick diagnosis and proper treatment, than upon the severity of the disease, because if the first is not properly ascertained and conducted, the latter will generally follow.

(To be continued.)

We always regret the death of a good man in any walk of life. In our medical world we feel the loss of a great practitioner who has given us all the benefit of his experience and thought. The sudden death of William Pepper, M. D., LL. D., deprives us of a truly great physician. He died July 28th, at Pleasanton, California where he went a short time before his death for needed rest.

Dr. Pepper was born August 21, 1843, at Philadelphia, where he was educated and spent his useful life. His father, Dr. Wm. Pepper was a distinguished physician and was professor of practice at the university of Pennsylvania.

In 1864 Dr. Pepper graduated from the medical department of the university of Pennsylvania, having previously graduated from the collegiate department. In 1868 he began to teach in the medical department and continued to hold different positions until in 1881 he was advanced to the position of professor of the theory and practice of medicine. He was a writer of ability and originality and contributed freely to medical literature.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

COMMENTS ON THE JULY RECORDER.

Dr. Blesh's seventh paper does not show that his pen has taken a midsummer outing, for his contribution is bright, breezy and refreshing to one's heart, and he discusses one of our best known and most widely used heart tonics. Where does that doctor live who does not use digitalis? It could not be excluded from our remedies, for it is invaluable. It has a field of its own, and no other can fulfill its indications. Of late crataegus oxyacantha has been looming up with excellent reports of splendid effects where all other heart tonics failed to produce any help to the lagging heart. I have tried it in one case with satisfaction. Digitalin granules are much superior in every way to tincture of digitalis and are so much easier given, and represent the best therapeutics of the drug. Where is the patient who would not prefer it to the nauseating fluid extract? Dr. Blesh gives the indications for digitalin very precisely and with clear perception. We should all understand these indications for they will bear us out on the "spur of the moment," when we have to act right to the point and make no mistakes. He draws our attention to the fact that "it is the concensus of opinion that digitalin should be avoided in aortic insufficiency." Very good, doctor, we will try and remember it. Have you ever tried veratrine in heart hypertrophy where the heart was tumultuous and strong in its action? It helped me out several times where nothing else did. Apocynin combined with digitalin does the work quickly, and in dropsical conditions. Enough for digitalin, but allow me to thank Dr. Blesh for the fine dissertation on it.

Emetine is less known than digitalin, but it comes in for its share of therapeutic effect in cough conditions, also in dysentery. His idea of its use in large doses in dysentery is new to me, but shall not be unheeded when I have the opportunity. It comes in at the proper season of the year, when we all have the most bowel troubles.

Dr. Elsie Schmitz's paper is spicy and crisp, scores a point in good judgment and care in saving a patient that was shadowed by death. You had a just reason to rejoice in your victory in reclaiming that little mortal from the grim reaper. That was a pyramid of success.

Diarrhoea is a subject we all can read with interest and get some good out of. Doctor Beard gives us one of his favorite formulas. Doctor, please try the Abbott Alkaloidal Co's zinc and codeine comp. in your next case of diarrhoea, first cleaning out the alimentary cananal with small doses (gr. 1-6) of calomel. You will find an ally that will hold its own.

"Iritis" is number two paper, but number one in quality. You say a truth in your remark, "the causes of iritis are many," but the cause often does not concern us, but the treatment does. We should be able to diagnose iritis at any time and know what treatment should be given, heeding Dr. Pratt's injunction that syphilis is the potent factor in fifty per cent. of cases, and indicates constitutional contamination, the terrible effects of that blighting, withering curse, that saps the vitality.

We should be careful to remember the color of the iris in different eyes; it will aid in our diagnosis. Dr.

Pratt gives us the symptoms very exactly. His outline of comparative diagnosis is concise, to the point, short, and just enough to easily remember. We should have it conveniently near to read or refer to when eye cases present themselves, so we will know what form we have and the therapeutic indications which will be essential to our best success and the comfort and gratitude of the patient. The editor's comments are very appropriate and well given, as Dr. Thorne makes a specialty of the eye and is a competent critic.

I must hurry on, as I have been away on a vacation of two weeks and the editor has sent me a postal that I have not written my article and they are ready. We eagerly await Dr. Pratt's next installment for August as his series of eye papers are one of the most valuable features of the Recorder columns.

Dr. McDowell's picture is an adornment to the journal's pages and shows us one of the bright stars of the profession, whose name was not born to die.

The note on American Medical Colleges shows us that they are keeping abreast of the times, and are affording better opportunities as they grow older. The grade is being constantly raised as the public demands it.

I do not act critic on comments, so I skip by that and rest at Dr. Brodnax's article of "Rhus Tox Poisoning" with a broadaxe smile, as the doctor and I are good friends, having become acquainted through our articles to medical journals by exchanging views. Dr. Brodnax's pen never spatters the ink without giving some brainy ideas that do not fade as soon as the ink dries. Boralide is parexcellent, hardly a day passes but what I have some occasion to use it. Thanks Dr. Brodnax for finding out its good qualities. Homeopathy, allopathy, or any other pathy, just so it is the best, it does not matter. I used to be prejudiced, but I am old enough now to be sensible and liberal and not biased or bigoted. Thanks, Dr. Brodnax, for your compliment. Glad to hear an echo from you. Come again, always welcome, doctor.

"Scientia Naturae" shows us some very peculiar things that we cannot fully understand in our weakness. They are things we don't grasp, because we are finite and not infinite. Dr. Beckel's questions as to the rise and decline of former nations gives us some thoughts for serious reflection. In reply we would ask, Did those nations glorify God and follow His teachings as much as we do? True, history repeats itself, but we trust our "glorious nation" shall never decline, but ever advance higher in civilization and spiritual growth.

The editorial article contrasting opium and astringents to the modern treatment of diarrhoea shows how much we have progressed in medicine. The old nauseating doses have been displaced by more active principles that are easy and pleasant to take.

New consumption cures are ever looming up, but they only disappear as miserable failures. Who will find out a remedy for that dread monster, phthisis? We will hail him with all honor and give him lasting fame. When shall his star appear?

Items of Interest are crisp and spicy. Chronic Gastritis is certainly worth preserving for reference and shows the remarkable power of glycozone and how much it did when all other remedies failed.

The Medical Societies is worth perusing, and shows what our Wisconsin brothers are doing in the midsummer. I must say adieu for this number.

S. D. Sour, M. D.,
Princeton, Minn.

Subscribe now for the Recorder.

CARBOLIC ACID POISONING.

Dear Dr. Thorne: I make bold to write as follows for publication. If acceptable well and good; if not, deposit it gently where all bad writings go—into the waste basket.

Dr. Blesh writes in the July issue that ac. carb. inhibits the effect of ipecac and emetine. The following case may be of interest:

The writer was called to a ten-year-old child who had absolutely taken a large dose of carbolic acid. The symptoms were well marked. The mother had given milk, as an antidote, in unlimited quantities. I gave the patient 10 m. of fluid extract of ipecac, and waited fifteen minutes for effect. After that time, gave 10 m. more and waited fifteen minutes more —still without effect. The cause of this long wait was to see whether the emetic would have effect; also because the only other emetic I had at hand was apomorphine in hypodermic tablets and I was afraid to use it considering the age of the patient, since we have been told so many times that apomorphine hypodermically is very dangerous because it cannot be recalled, and because of the danger of its producing too great an effect.

My patient was growing rapidly worse and the acid and ipecac must be gotten rid of, so I injected about 1-30 gr. of apomorphine with a hypodermic syringe into the fat of the abdomen. In about a half minute I got the effect so promptly that the sanitary aspect of the bed was not of the best. The milk, in curds, was vomited and the effect was not at all serious since I found, after some little retching the vomiting ceased. The subsequent treatment was for shock, etc., and the child made an uneventful recovery.

While I admit that my use of the more powerful emetic was rather tardy, I might plead that the child had taken the poison some time before I saw her and the probabilities were that the milk had acted as an antidote, hence the necessity of emesis was not so urgent as it might appear at first thought, but still the fear of producing uncontrollable vomiting kept me from using the apomorphine.

We have been taught to fear the alkaloids "like poison" and hesitate to use them although hundreds of competent doctors use them every day with the best of results, but not unnaturally, this fear clings to us even though we ought to know better.

Strange to say, I cannot convince myself of the fact that the alkaloids, being the active principles of the crude drugs, must have the same effect as the crude drugs. I know, too, that it is a neater, cleaner and more scientific form of medication than any method ever tried before but still, the old prejudice against "homeopathic pills" clings to me. It is not to be denied that a very decided ignorance of the therapeutic effects of the alkaloids and their doses has something to do with this strange hesitancy and, too, the belief that the alkaloids are as "fearful" as they are wonderful in their action.

By study and trial I hope to overcome these last lingering doubts and fears and consider myself a near convert since a year ago I smiled serenely at the cranks (?) who wrote for the "Alkaloidal Clinic," a copy of which happened to fall into my hands. After reading the stray copy a dozen months, I subscribed for the "Clinic" and am now, every month, peeping shyly into it, but not yet on firm enough footing to venture in where "Angels fear to tread!" How many more are there who are in this blissful state of uncertainty? Would you send me the foregoing six numbers of the Recorder and "chop off" that much on my subscription? By doing so you would not only have my gratitude but also

that of many "cranks" who would possibly get a new recruit in their "army of invasion" for, you know, Dr. Blesh is a most convincing writer —as logical as he is scientific.

C. S. WASSWEILER, M. D.
Elk Mound, Wis.

SUMMER DIARRHOEA IN CHILDREN.

The articles in the July number by Dr. Schmitz and Dr. Beard as well as the editorial review of the subject, induce us to report the treatment of our office for summer infantile diarrhoeas. This treatment is not offered as a catholicon in this class of derangements, but in connection with proper nourishment may be administered regardless of the location of the bowel disorder or of the cause and nature of the diarrhoeal discharges.

The first procedure is to secure an alvine evacuation by means of a castor oil mixture, viz:

Tinct. opii camph.
Listerin,
Ol. ricini, aa q. s.

M. pro rata aetatis. Sig. One dose every few hours until the bowels move. Following:

Opii pulv. . . . . sc. 1
Pepsin sacch . . . . . dr. 2

Fiat pulvis.

A very small portion of this powder placed on the tongue of an infant and repeated each hour or two, will during the course of a day produce a manifest effect upon the discharges. The laxative contains an opiate to prevent the hasty action of the castor oil, and an intestinal antiseptic. The art in administering the opium and pepsin powders is to make them so very small that a number of them can be exhibited without the narcotic evidences being too pronounced, and so that the child can be placed under the observation of the physician.

After the diarrhoea has recovered, for constipation that may be present, either habitually or subsequent to the treatment, the use of Wampole's Laxative Compound or Al-vi-nine Suppositories (childrens' size) will be found useful.

DRS. PENNEBAKER & TRIPP,
Pleasant Hill, Ky.

MATERNAL IMPRESSIONS.

Dear Dr. Thorne: Dr. F. A. Beckel, p. 156, gives some instances of maternal impressions, with a good explanation of the "how" of them. Here is an instance which came under my own eyes.

I was in the family grocery business in Augusta, Ga. A young mulatto woman came in and admired some brandy peaches in bottles. "Would come back and get a bottle," she said. I noticed she was enciente, and the thought came to me, "let's see." I opened a bottle and put one in her hand, and wrapped up the bottle and gave it to her.

Five or six months afterward my preceptor (under whom I was reading) delivered her of a girl baby, and in the right hand of the baby was a growth which in color and shape resembled exactly a brandy peach, nearly one inch in diameter. It was attached to the palm of the hand by a small ligament the size of a quill and filled the hand full. On removal by the doctor he put it in alcohol and at her request sent it to me.

I have no theory about such things, but "maternal impressions" certainly do exercise some mysterious influence somehow. In fact, several instances of like character have impressed my mind so fully that I am a firm believer in the idea.

BEN. H. BRODNAX, M. D.,
Brodnax, La.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers, Janesville, Wis.

GLANDULAR FEVER.

Dr. T. N. Miller presents a valuable paper this month to the Recorder readers on glandular fever, also known as the Druesenfieber of Pfeiffer. The literature on the subject is meagre and the number of recorded cases small, so that the series of cases, now presented, adds to our knowledge of the disease. When first presented by Pfeiffer the profession regarded the matter of its being a distinct disease with doubt. But now it is generally considered a distinct and separate disease. Most of the papers written on the subject have little to offer on the treatment, so that Dr. Miller's hints on treatment will be appreciated.

Dr. L. Boorse, of Milwaukee, read a paper on glandular fever at the 1897 meeting of the Wisconsin State Medical Society from which we present the following: "Those who have made a critical study of the condition, have taken into consideration every disease or pathological condition with which it might be confounded and the concensus of opinion is that it has a distinct individuality as a disease. As regards treatment little can be said; it is purely symptomatic. The methods of treatment so far suggested have had little or no influence in shortening the course or duration of the disease. The administration of small doses of calomel at the outset, has according to different observers, been of some benefit. Cold compresses, or the application of belladonna ointment, alleviate the local symptoms, but do not prevent the development of adenitis in other glands. After subsidence of the active symptoms, the local application of iodine, and the administration of iron seems to be indicated.

"I have notes of nine cases, all of which presented the characteristic symptoms of the disease. Two cases occurred in one family and three in another. Suppuration of the enlarged glands on one side, occurred in one case. There were no alarming symptoms or complication in any of the cases. I have presented this subject with a view of calling attention to a condition which I believe is not generally recognized, or differentiated from the ordinary forms of adenitis so commonly met with in childhood."

IODIDE OF LIME.

In our April number we presented the claims of calcium iodide at some length. Some of our readers who have given it careful trial agree with the views we then expressed. In croup, iodide of lime is as near a specific as can be found, and one great virtue to the drug is that it can be used in large doses without fear of untoward results. As a tonic alterative, we wish to especially call attention. We have used it extensively for that purpose with most satisfactory results. To get the best results it is necessary to have a good reliable fresh preparation. Billings, Clapp & Co. make an iodide of lime which can be relied upon with certainty to act as expected.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Baltimore is to have a new medical school, the leading idea of which will be the teaching that medical practice requires no alcohol in any form.

Jones & Co. make some interesting offers to physicians. Write to them to-day for particulars regarding their spruce bark bed comfortables and how to obtain a sample one.

Surgeon General Byers, of Wisconsin, was recently sent south by Governor Scofield to investigate the condition of the Wisconsin troops. He reported their sickness to be typhoid and malarial fever.

Dr. J. A. Pratt, of Aurora, Ill., one of our regular contributors, has devised a waste cotton holder which is ingenious and valuable. It can be fastened to any operating chair and is convenient to hold the waste cotton, which is easily removed.

A note is going the rounds of the medical press, that a physician wrote an antitoxin manufacturer asking whether he should boil the syringe or the antitoxin before using. A correspondent of ours suggests that possibly that physician needed a little boiling.

The medical cases made by the Western Leather Co. are noted for the good quality of material used. They always wear well, an important point in buggy cases. Their patent corners and vial holders add greatly to the value of their cases.

The manufacturers of sulphonal in Germany, are experiencing considerable difficulty in making it. The odor of mercaptol, from which it is made is something terrible, so that the communities in which it is made object to it as a great nuisance. One firm recently was fined and prohibited from making it.

The next time you start to use iodoform, don't do it but try irisol and you will consider iodoform a back number. Irisol has no unpleasant odor and is a true antiseptic. It is a chemical compound which has distinct virtues of its own. It is pleasant, safe and efficient and rapidly promotes healing.

Behring has finally obtained a patent on antitoxin in this country. He was unable to secure a patent in Europe and ought not to have one in this country. He threatens to stop the American manufacturers from making it. The American manufacturers have done much to develop its production and will make a strong resistance. We trust that their efforts will have the success they deserve.

It is a popular, but mistaken idea, that oils should be administered for carbolic acid poisoning. Many labels made for druggists' use contain this erronious information. The carbolic acid is soluble in oils and giving them promotes absorption of the acid and poisoning. The treatment in Dr. Wassweiler's article in this number is much better. One of the best remedies is sodium sulphate, which it would be well for all physicians to have ready for such emergencies.

Milkine contains much nourishment in small compass and is a good food in gastric ulcers and cancers.

Exophthalmic goitre is frequently one of the most intractable diseases with which the physician has to contend. A mild galvanic current applied frequently for a long period of time produces sometimes, pleasing results. Of late some physicians have reported good results from administering sodium phosphate. Maltbie's phosoda is a good form of using this valuable drug. We should like to have our readers report what results they have had in treating this disease.

The twenty-fourth annual meeting of the Mississippi Valley Medical Association will be held at Nashville, Tenn., October 11 to 14. This society is next to the American Medical Association in size and its meetings are always marked by a large number of able and original papers. Dr. James T. Whittaker, of Cincinnati, will deliver the address on Medicine and Dr. George B. Johnson, of Richmond, Va., the address on Surgery. Nashville is a good convention city and the meeting will be well attended. Dr. John Young Brown, of St. Louis, Mo., is president and Dr. Henry E. Tuley, of Louisville, Ky., is secretary of the society.

In prescribing either medicine or nutriment, a physician must often consider the question of what is the most economical as well as what is the best for his patient. And it is only occasionally that he is made happy by the knowledge that the cheapest is the best. He always knows that "the best is the cheapest," but this helps him very little if economy must be thought of.

John Carle & Sons point with pride to the fact that their prepared food, Imperial Granum, is the most economical as well as the best food on the market, and in proof of this, they ask physicians to carefully note the weight of their handsome "Small" and "Large" size air-tight tins, and also to kindly notice the length of time either one will last, bearing in mind that their sterilized tins form the lightest, as well as the safest retainer that can be used.

At a recent meeting of the Philadelphia County Medical Society the therapeutics of hot air was thoroughly discussed. Dr. A. Graham Bell read a paper on the subject and prominent members of the Philadelphia profession took part in the discussion. The meeting is reported in full in the Philadelphia Polyclinic.

Dr. Bell has been using hot air extensively for a year and considers it a valuable agent not only in rheumatism and gout but in many other conditions. He recited the histories of a number of cases of which the following is one:

A professor in a Western college was a victim of arthritis deformans, and came for treatment last June. He was obliged to sit with his legs straightened out, and for a year had been unable to feed or dress himself, and could not rise from a chair without help. He was treated in the leg-machine at a temperature varying from 280 to 340 deg. The diaphoresis was excessive; his temperature would rise from 2 to 4 deg., during the hour, and the hot blood coursing through the swollen limbs, reduced the swelling and relieved the pain. After 12 baths, he was able to feed himself and ride a bicycle six miles. After 25 treatments he was so much improved that he went north to the Adirondacks. where he carried out various exercises prescribed for him, such

as chopping and sawing wood, pitching quoits, etc. The improvement continues to the present time.

In concluding his paper Dr. Reed said:

In the course of the 1,400 treatments given during the last twelve months, many exceedingly interesting types of disease have been examined and the great majority have been relieved, the result showing that we have not fathomed all that super-heated dry air is able to do for the ills of humanity. The failure of an apparatus to run to a very high temperature must certainly curtail its usefulness. Not that this mode of treatment is a panacea by any means, but that it is proven to be far reaching in its direct and correlative tendencies. Acting as well on deep seated tissues and internal organs as on the periphery of the body, it becomes a most useful adjunct to medical and surgical treatment.

Dr. J. T. Rugh had seen good results from hot air in anchylosis and rigid joints of traumatic origin. He considered that hot air has a distinctive place in therapeutics but the extent of its usefulness must yet be determined. He likened its action heat on glue, the resultant softening permitting the restoration of lost motion and function.

Dr. Alice M. Seabrooke reported liberal use of hot air as a therapeutic agent with good results.

Dr. S. Solis Cohen had not used it as extensively or successfully as the others but said it must be considered among our useful therapeutic measures and that in gout the method does seem to have a very distinct and useful field. Whether it is any better than the ordinary sweat-bath by other methods he was not prepared to say, but anything that will stimulate eliminative processes in cases of chronic metabolic failures, such as gout, must be useful.

In closing the discussion Dr. Reed said: it seemed to him that hot air does more than simply soften the tissues as in glue, by, as it were melting the crystals and deposits in and around the joint, for it also increases the circulation throughout the entire body; it puts blood into parts where it had not been circulated; it drives out of the arterial vessels, that have been sluggish, the dead corpuscles and debris; it starts fresh action in the heart; it does many things which physicians yet fail to discover. But to accomplish such results the heat must be applied at a very high temperature, even so high as to increase the body temperature.

If the joints are stiff they are moved, rubbed, and massaged, also the limbs. Atrophied muscles are frequently met, especially in the leg. In case of rheumatoid arthritis particularly, there is much atrophy of the muscles of both leg and arm, when the swelling at the knee or at the elbow has been reduced, there remains weakened muscular tissue which needs kneading and action that the patient may be enabled to walk. In many cases this has doubtless been overlooked in the use of the hot-air method.

☙ ☙ ☙

Paul Bar (Journal des praticien) asks these questions:

1. Should the the cord be tied? 2. When should it be tied? 3. How should it be tied? and answers them as follows:

1. The cord should be tied because, although the probabilities of umbilical hemorrhage are small, a certain proportion of mischances exist, and these should be guarded against. 2. In some cases not a moments delay is admissable, as, for instance, when the head is born and the shoulders are engaging the perineum, while one or more turns of the cord are around the neck. The cord should then be clamped by two forceps and divided between them. It can be cut and tied in

the proper place at leisure. Or, a child be born apparently dead. The cord should then be divided immediately so as to afford opportunity for paying the necessary attention to attempts at restoration. But if everything has been normal a delay of five or six minutes is recommended. If the cord is immediately cut, there will be seen oozing from the placental extremity a certain quantity of blood, which would have passed into the child. If this blood be allowed to drip upon the pan of a balance, the pan will be found to sink for five minutes or so from the weight of this lost blood of which the child has been robbed, and this amount averages from about nine hundred to thirteen hundred and fifty grains. 3. The author's method of compressing the cord is by means of pressure forceps, sterilized by heat. The forceps is then surrounded by a pad of absorbent cotton and left for from thirty-six to forty-eight hours underneath the binder.

The above from the N. Y. Medical Journal, contains much truth, but we think if the writer knew the value of Dr. Kelloggs funis rings he would have made some additions to his article. Instead of leaving pressure forceps on, a much better method would be to apply the elastic funis rings. These can be quickly applied and there will not be a particle of bleeding after they are applied. The rings can be sterilized and with them the most aseptic, safest and best dressing made.

Quinine is a very necessary drug in the treatment of malaria but it has objections which interfere with its usefulness. The success which the iquinin preparations are having is due to their efficacy in malaria and allied conditions, with none of the objectionable features of quinine sulphate. The following is a case reported in an original sketch in the Medical Mirror.

I was called in consultation to a neighboring town in regard to a case that had been obstinately refusing to yield to the most assiduous and exhaustive efforts of my conferes for more than two weeks. The patient, A. G., aet. 19, single, with a good family history, had enjoyed very good health until last December, when she was prostrated with an attack la grippe of the influenza type. She made a fairly good recovery, after a protracted siege of six weeks, but has since then been subject to very severe attacks of neuralgia, the whole left side of head being involved. While they yielded slightly to phenacetine and like preparations, nothing controlled them completely but they had to wear themselves out. Her present trouble which was something more than a mere repetition of these attacks, two weeks back and seems to be marked by some prodomic symptoms, headache very intense, particularly on the left side; anorexia was marked, the sight of food produced great nausea sufficient to cause vomiting at times, vomitus was acrid, very bitter and very largely bile; irregularity of bowels with some constipation; no epistaxis; no roseola; no chill but some fever in the afternoons. Physical examination revealed healthy, normal lungs and heart, with pulse of 80, of fair volume but easy compressible. Percussion elicited a slight enlargement downward of both liver and spleen but was not painful to either viscus.

Widal's serum test was not made owing to lack of facility but the clinical picture very slightly resembled typhoid. There was no glandular enlargement either superficial or deep nor any other indication of a tubercular character, Various blood examinations failed to bring to view the plasmodium but there was a

marked diminution of erythrocytes, the blood count showing at different times between 3,000,000 and 3,500,000 with some increase in leucocytes, from 12,000 to 15,000, from which some complication was suspected. The attending physicians had exhausted their stock of remedies and had been particularly handicapped because quinine, no matter how marked, invaribly so disturbed her nervous system that it had to be withdrawn. On that account it was with some dubiousness that I made use of the remedies that had stood me in such good stead in many typical cases of malaria. I prescribed two tablets of laxiquinin to be taken at bedtime to relax the bowels and to get rid of the increased intestinal secretion in the manner most agreeable. One tablet of toniquinin was to be taken an hour before meals and two tablets of iquinin at ten o'clock in the morning and again at three in the afternoon. In less than twelve hours she was decidedly better and did not complain in the least of the dizziness, tinnitus aurium and sick stomach as she always did after taking quinine sulphate. When I next saw her, about twelve hours after my first visit, the bowels had moved nicely, she was completely free from headache and had been able to take with some satisfaction the hot milk I prescribed. I then ordered that the first day's dose be continued for one week at the end of which time, to omit all except the toniquinin which should be continued ten days longer. I did not see her again for three weeks when she walked into my office one day to say she could not resist the temptation to call and let me see how much better she was feeling. Since that time I have used these remedies extensively and found that even the most delicate stomachs tolerate them even when the patients strenuously insist that they cannot take quinine in any form.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

CONSERVATIVE GYNECOLOGY AND ELECTRO-THERAPEUTICS. A Practical Treatise on the Diseases of Women and their treatment by electricity. Third edition, revised, rewritten, and greatly enlarged. By G. Betton Massey, M. D., physician to the Gynecic Department of Howard Hospital, Philadelphia; Late Electro-Therapeutist to the Infirmary for Nervous Diseases, Philadelphia; Fellow and ex-President of the American Electro-Therapeutic Association, of the Societe Francaise d'Electrotherapie, of the American Medical Association, etc. Illustrated with twelve full-page original chromo-lithographic plates in twelve colors, numerous full-page original half-tone plates of photographs taken from nature, and many other engravings in the text. Royal Octavo, 400 pages, extra cloth, beveled edges, $3.50 net. The F. A Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-second St., New York City; 9 Lakeside Building, 218-220 South Clark St., Chicago, Ill.

This is the third edition of this book but it has been so rewritten and enlarged as to make it a new work. It is a volume that should be in every physician's library, not alone for its value as a gynecological treatise but also for the useful information it gives upon the principles and application of electricity. The first chapter presents some truths on the developmental faults of early womanhood and on some of the causes of the disorders of maturer womanhood. Some good points are given on the examination of patients and on diagnosis in the second chapter. As a treatise on electricity the

work is of special value. The following is said about the alterative action of electricity: "Whatever conclusions are arrived at relative to the bactericidal action of electricity, it should not be forgotten that the cure of the latter stage of affections of bacterial origin necessitates an alteration of abnormal nutritive processes which have resulted from the bacterio-phagocytic contest. Nature must be stimulated and assisted in the removal of this proliferated material; hence the administration of electricity for quickening cellular metabolism should be arranged for in such cases. The negative pole of the galvanic current is indicated for this purpose." In speaking of the special value of electricity in gynecology the author says: "To check microbic invasion and its consequences, remove pain, restore function, correct nutritional faults, check hemorrhage, cause retrogression of benign growths, and restore local and general health is a sufficiently broad platform for a single agency, and, if these, or many of these, results can be accomplished by electricity without danger, risk, or mutilation, its claims for consideration as a method of choice over less advantageous procedures are imperative." The electrical treatment of all the various diseases of women is given in the different chapters of the book clearly and pointedly.

In speaking of the treatment of fibroid tumors Dr. Massey says: "And, while lack of space forbids a complete discussion of the relative disadvantage of other methods, it may be said that a marked contrast exists also between the cases successfully treated by electricity and surgery. Successful removal of the tumor necessitates removal of the ovaries also, thus destroying the distinctively feminine characteristics of the individual; produces a weak spot in the abdominal wall leading to hernia, which is practically far worse a tumor than the original fibroid; and in some cases produces painful neuroses due to cut nerves, and even at times insanity. No such sequences attend the electric treatment, which invaribly restores the patient to robust health and almost as invariably checks further growth of the tumor, even in cases where more or less of the tumor remains after treatment as a harmless lump of flesh."

"The Border-line between Gynecology and Neurology" is an interesting chapter containing many truths, of which the following is one: "The restriction of the term 'gynecology' to the pelvic diseases of women is largely artificial and often harmful in leading to serious errors of practice. The science of the diseases of women necessarily includes an account of all of the affections which are either peculiar to her sex or which are so frequently manifested among women as compared with men as to be more or less sequential to their general bodily, mental, and emotional natures."

An excellent chapter is given on the treatment of malignant growths by electricity from which we extract: "The special merit of this method is that not only are the malignant cell-structures destroyed in all portions of the growth where they are evident to the senses, but the hidden ramifications are also sought out by a diffusing current carrying nascent chemicals of lethal character, which traverse the cancer-ramifications as paths of least resistance, thus substituting a physical law for the the unaided senses of of the operator as a detecter and destroyer of the more distant ramifications. In addition, it is the purpose of this method to arouse the defeated physiologic resistance, of the surrounding tissues into renewed activity, that the errant cellular action may be again brought under the control of the trophic nervous system."

The second part of the book is devoted entirely to the general principles and uses of electricity. Faradism, galvanism, static electricity, the electric light bath, the X-ray, all are explained. Anyone wishing a modern treatise on electricity will find one in this part of the book. Speaking of the therapeutic uses of static electricity in gynecology we quote: "In adaptability to the needs of the gynecologist the static current depends for usefulness on his recognition of the neural relationships of many affections apparently arising in the sexual organs, as well as on the purely neural character of much of his work, for its value in chronic sciatica, insomnia, chronic rheumatism, and various neuroses is very great.

Among the cases favorbly affected by this current those of neurotic backache stand pre-eminent, and, in fact, some form of static treatment may well be conjoined with pelvic applications of other currents of this symptom be prominent in connection with organic pelvic disease. For mere sedation the positive spray, or the stronger negative spray, either stationery or mobile, followed later by the lightest, shortest sparks.

The treatment of menorrhagia of the neural type may be conducted, at times, entirely with the static currents, the negative spray being directed to the lumbar region, with the patient sitting sidewise on a chair placed on a platform and grasping a chain connected with the positive pole. The spray should be stong enough to produce distinct stinging sensations, and may be followed by light sparks to the same spot and to the hypogastric region. These applications are always helpful at and before the menstrual periods in nervous women, particularly if the nervous symptoms present at these times are attended by scanty flow.

For the treatment of the nervous disorders of the menopause, either natural or when artifically produced by ovariotomy, the static methods are often extremely useful, rendering the employment of neurotic and sedative medicines unnecessary. Both the head-spray and general sparks may be used."

The many plates and illustrations specially made for the book add to its value and attractiveness. It is, as the, title says, a work on conservative gynecology; while the author does not undervalue to need of surgical work when demanded, yet he shows that many women have been unnecessarily mutilated and unsexed by operations. The book is well written, concise and vigorous and one from which the practical physician will receive much help.

"Is Catarrh a Cause of Consumption?" is the title of an interesting monograph by Dr. R. N. Mayfield, of New York City. In it he says:

"Consumption is a disease more or less slow in its developments. Many can be cured in the early stages, and it is our duty to give victims of this malady every facility to effect a cure. No quarantine, no lymph should be tried on them as an experiment, or no legislation should shut the Garden of Eden upon them, especially when legislation is based upon unfounded assertions.

"The so-called 'Grip' which is getting to be a very popular complaint, so often spoken of by the laity, is nothing more than a cold in the head and in the throat. Like all 'bad colds,' if not checked, may develop into pulmonary affections. With local treatment of head and throat it is easily combatted.

"It is a mistaken idea that catarrh should be neglected until the bones of the nazal cavity are thickened and necrosed. The first indication of cold in the head should receive immediate attention."

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. I. JANESVILLE, WISCONSIN, SEPTEMBER, 1898. No. 9.

ORIGINAL ARTICLES.

EMPYEMA.

A REPORT OF TWO CASES.

By W. D. Shelden, M. D., Reedsburg, Wis.

Empyema is not an uncommon affection. In presenting these cases it is not the intention to treat the subject in general, but to use them to illustrate features not usually seen. The general discussion of the etiology, symptomatology and pathology have been discussed time and again and need not be repeated. The cases, at least, serve as illustrations of what might be termed "neglected cases" inasmuch as the ordinary rules of surgery were in both cases neglected for an unusually long period.

The first case is that of a woman, married, age 24, with good family and personal history. The patient at the time was pregnant and near term. On February 1, she was taken with pains in right chest, fever, cough with rusty expectoration. On the following day delivery occurred. Labor and the puerperium complicated the case in no way as far as special symptoms were concerned. On the third or fourth day pain became prominent, accompanied by high fever and delirium. Diagnosis of pleuro-pneumonia was made. The case was marked by great pain and rapid breathing. No amelioration of symptoms occurred on the eighth or ninth day. The subsequent progress of the case was marked by irregularity of the temperature, rapid respiration, accelerated pulse, perspiration, feeling of weight in chest with dull pain, anorexia and restlessness.

On March 9, examination showed great emaciation, weakness, patient assuming right lateral position by preference, slight cough, temperature 102½°, pulse 125, respiration 56, tongue dry, the right chest bulged, intercostal spaces were obliterated, slight respiratory movement, apex beat displaced upward and outward just inside the axillary line, slight oedema of chest wall right, tactile fremitus over whole right chest absent, same flat on percussion, both anteriorly and posteriorly, flatness extending beyond the center of the upper part of sternum blending with the cardiac dullness below; left border of heart in left axillary line; the flatness of chest blending below with that of liver; lower edge of liver palpable two inches below costal border; breath sounds faint over the lower border of

the chest, and a distant tubular quality over upper part; over left chest vesicular murmur was exaggerated; few fine rales over the base; heart tones were displaced, normal, except accentuation of second pulmonic.

The extreme flatness and resistance on percussion, the absence of tactile fremitus, the displacement of the mediastinal organs and diaphragm and the distant breathing pointed strongly to fluid. The exploring needle confirmed the opinion and showed its purulent character, being thick and of a greenish, yellow color.

Operation was performed under chloroform anaesthesia. Incision was made in mid-axillary line, and 1½ inches of the seventh rib resected and double drainage tubes inserted. The patient, notwithstanding the poor condition behaved nicely. After the operation restlessness and discomfort disappeared, natural sleep returned, appetite improved, temperature became normal. The discharge for the first three or four weeks was quite profuse with a tendency to become offensive, but it gradually decreased, one tube being removed at the end of the second month, the other was withdrawn three weeks later. The patency of the sinus was maintained by gauze during its closure which was completed in three weeks more.

Examination at that time showed the right chest was somewhat retracted; slightly duller than the left, vesicular murmur diminished, heart negative, liver in normal position, but was unable to demonstrate anything like the normal diaphragmatic excursion. I interpret the signs to mean considerable thickening of the pleura with firm adhesions of the visceral and parietal pleurae and with adhesions to the diaphragm as well.

The second case was that of a child five years of age. Her previous condition had been fair, but had been tormented by more or less difficulty with lungs for a year past. The history of present trouble began in the middle of February last. The symptoms then were cough, fever, vomiting. The early condition was diagnosed bronchitis and treated as such.

From the history I am unable to determine whether the condition under consideration was grafted insidiously upon the primary involvement of the lung or was present at the outset. The fact however remains that at the end of the second week, the severe cough abated; the temperature became irregular; the child complained of weight and distress in chest; breathing was rapid; appetite poor and patient emaciating rapidly.

On May 30, three months after the beginning of the history, examination showed the temperature 101½°; pulse and breathing rapid, slight chest bulging; slight motion in respiration; tactile fremitus absent; flatness over whole chest; displacement of heart to left axillary line; liver somewhat depressed; breathing distinctly bronchial; voice sounds well transmitted; heart negative; exploring needle introduced in seventh space under axillary line showed thick, greenish pus, a pint of which was aspirated. Four days later we opened and drained by resection and tubular drainage. Since then improvement has been gradual, but slow, the discharge at present being greenish, not offensive nor profuse.

There are several points needing special mention regarding the presence of fluid in the chest of a child. First, on account of the yielding character of the chest wall, there is unusually marked bulging of the affected side. Again, in regard to the displacement of the mediastinal organs, it must be remembered that between the ages of four and five years the apex beat is in the mammillary line and that displacement beyond

this line must occur before it can be used as an evidence of the presence of fluid in the chest. In cases under four years the apex-beat is normally outside the mammillary line. Also in children the liver is normally a half an inch below the costal arch between the ages of four and nine years.

The auscultatory signs in a child are often misleading and in the differential diagnosis of chest affections the presence of bronchial breathing and bronchophony are not to be given too much weight in excluding fluid, because both are often present over large quantities of fluid as in this case. The appearance of the chest, the percussion note, the displacement of organs and the reflowing syringe are of far more value and more to be relied upon than the contradictory auscultatory signs.

In both cases the quantity of pus was great, both chests being filled to their utmost capacity. Skoda's resonance was absent in both cases, marked dullness being present above the clavicles.

The value of an early diagnosis in such cases is apparent. Under conditions of extreme pressure with the visceral and parietal pleurae the seat of progressive inflammation, coupled with the fact that only recently the lung has been involved in a severe inflammatory process, makes the early recognitiou and evacuation of the pus of the greatest prognostic importance. Recovery depending, as it does, largely upon the elasticity of the lung, it is highly important that the inflammatory charges resulting in thickening and cicatrization of the pleura and lung should be cut short as soon as possible.

Healing taking place by the gradual agglutination and union of the granulating surfaces covering the visceral pleura and the pleura on chest wall and diaphragm, it is important that the elasticity of the pleura and lung, and the mobility of the diaphragm be preserved in order that they may reach the less yielding chest wall and obliterate the artificial pneumothorax inevitably produced by the operation for the evacuation of the pus.

As both cases had retained the pus for a long period I sought to counteract the effects of cicatrization by employing a device of James, of Baltimore, intended to expand the lung by increasing the intra-pulmonary pressure. The apparatus consists of a bottle and system of tubes from which the patient blows water to a receptacle above, the heighth of the latter being regulated by the strength of the patient. This proved beneficial in two ways; first, by extending the lung thoroughly twice daily; and secondly, by improving the drainage by expelling any pus retained in the cavity. This process is not well adapted to children, in whom the act of crying furnishes a valuable substitute.

THE IMPORTANCE OF CATHARTICS IN THE TREATMENT OF MUCO-ENTERITIS.

By W. C. Abbott, M. D., Chicago, Ill.

The prevalence in this locality of a somewhat wide spread epidemic of muco-enteritis, of a severe and persistent type, impels me to briefly outline a few of the principles governing its treatment as well as the treatment of similar affections.

As the onset of muco-enteritis may not be sudden and alarming, the physician is not usually called until after the first febrile stage is practically over and the persistence of the mucous diarrhea (often streaked with blood) evidences that the condition is fixed as a true gastro-intestinal catarrh. The passages are small and frequent and usually accompanied by more or less tenesmus; digestion is nil; abdominal

pains are more or less severe and the patient presents that shrunken appearance that is always characteristic of a condition of systemic exosmosis with no adequate return supply.

In this stage the absorbents are constantly bathed in a viscid, mucus or muco-purulent secretion that so interferes with their normal or natural functions that the processes of digestion and assimilation are practically inactive, while the fluids of the body are constantly being poured out upon the effected area in an effort to soothe the existing irritation. For this reason medicines do not act with usual promptness and if at all only in larger doses than are usually required. The reason is obvious.

The treatment of these cases is often very unsatisfactory, both to the physician, the patient and the family; and mainly because, while the family do not recognize the severity or seriousness of the condition, the physician yielding to importunity vainly tries to check the discharges with anodynes, astringents, etc., without first removing the cause that protracts the case—the vitiated and superabundent mucous above mentioned.

Fortunately these patients do not die quickly, as they do from cholera infantum, etc., and after a while they usually get well; sometimes because of, and at other times apparently in spite of, the treatment.

Given a case of this character in an adult, a few well regulated doses of saline laxative will clear out the alimentary canal, wash off the vitiated mucus, relieve the congestion and often cure the case. If any thing more be needed, recourse should be had to a mildly astringent antiseptic that acts locally on the disturbed mucous surfaces, the sulphocarbolates being the best of all. I notice in a recent issue of this journal a formula of zinc and sodium sulphocarbolates with bismuth subnitrate and a minute dose of opium, called "biscarbolate," that strikes me as a very good one for this purpose. Whatever preparation of the sulphocarbolates is used, it should be true and pure to have the best effect.

The same treatment should be applied to younger patients, modified to meet the age and conditions present. If the child is too small to take an efficient dose of the effervescent saline, then recourse may be had to calomel and bismuth, calolactose S. & H., or if this is not satisfactory, to castor oil which in some cases works better than anything else.

If the calomel is used it is well to give a decided cathartic dose of one or two grains combined with as much or more soda to be followed at once by the sulphocarbolates or some form of bismuth in decided dosage. If results are not obtained the cathartic must be repeated the next day and if the calomel is not satisfactory at the very first trial it is better to resort to the castor oil as the dose may need to be repeated several times. No harm can be done with the oil but the same is not true of calomel. Children under two years do better on the oil than anything else.

Whatever is used it should be non-irritating and should be used in sufficient doses to accomplish the effect desired—to clear out all decomposing material and remove the accumulation of mucus that prevents digestion and keeps the mucous membrane from resuming normal action.

In addition to the above other symptoms must be met as they arise. For fever, aconitine and the various defervescents based thereon, the choice to be determined by the physical condition of the patient in hand. If the case is long continued the reconstructives should be used, and of these nuclein (Auld's preparation preferred) is easily chief. If the nerve-stimulants or excitomotors are required, and

they usually are, then strychnine for the older and brucine for the younger leave nothing to be desired. At times and especially during a somewhat protracted convalescence quinine arseniate fills a place destinctively its own and should be used either alone or in combination with some of the remedies mentioned above. If the little, sugar coated, alkaloidal granules are used no trouble will be experienced in giving these bitter and therefore deservedly unpopular (with the laity) drugs. Much is to be gained by the study of the means of pleasant medication.

I have said nothing about foods for they do not enter into the proper treatment of the case for the first one or two days and should not enter into the patient. Judicious starvation, if you please to call it so, is the proper thing. Water should be given often but in small quantities and food should be withheld until improvement occurs and then be given very sparingly. Milk and lime water, white of egg dissolved in cold water, a carefully prepared meat soup and sometimes a long cooked, farina porridge are the proper articles from which to choose that which is most clearly indicated for trial, subsequent use to be determined by effect.

Carrying out the plans above, a plan which is followed by many of the most successful physicians the world over, you will find that muco-enteritis will yield much more promptly than to any other, and that your patients will be quickly, safely and pleasantly out of what might be otherwise a very troublesome and persistent condition.

Dr. Jacobi, of New York, recommends ergot in chronic malaria.

Vision is more highly developed in birds than in any other animal.

ALKALOIDAL THERAPEUTICS.

(Ninth Paper.)

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie, O. T.

GLONOIN.

Glonoin, also called trinitrin, is, chemically, nitro-glycerine. Standard granule, gr. 1-250. White glonoin is not an alkaloid; it is one of the most potent and indispensible of our "arms of precision" and consequently the alkaloidist being wide-awake and soundly progressive, has been quick to utilize its powers in the alleviation of suffering.

There is one decided, preponderating physiologic action characteristic of glonoin upon which its whole therapeusis is based. It is a cardiac and respiratory stimulant, and above all, a vaso-motor dilator of the promptest and pleasantest kind. It dilates the capillaries through the vaso-motor nerves.

Glonoin is a quickly acting diffusible stimulant especially well adapted to cases of shock. Being diffusible, its effects are evanescent and it must be given in frequently repeated doses when a continous affect is desirable. Where consciousness is not lost its effects can be obtained as promptly by dissolving in the mouth as by hypodermic route. It is remarkable how quickly its effects are appreciable when taken in this way—a very few seconds suffices. In unconscious states it can be given hypodermically going into solution rapidly and being non-irritating.

In a very short time after administering it in physiologic doses, the surface particularly of the face, will flush and the temples throb, sometimes quite painfully as though an iron band were pressing against them. Any physician may demonstrate this to his own satisfaction upon himself by dis-

solving one or two granules on his tongue every 5 or 10 minutes for a few doses.

The heart beat is more forceful and rapid under glonoin. It is a great congestion dissipator through its influence over the capillary circulation. Combining the properties of a stimulant-derivative it follows that it should rank high as an emergency remedy. He who is acquainted with it is well aware of this fact.

It was shown in discussing ergotin that that drug produced and stimulated uterine contractions, in all probability, by anaemia-irritation. Excessive anaemia of any part is capable of producing pain of that part. This fact I think is well known. This pain is amenable to glonoin whether it affects the head, the abdominal or the pelvic viscera.

Glonoin relieves it by equalizing the circulation and removing the local anaemia-irritation through its action on the vaso-motor nerves. Its action here is entirely opposed that of ergotin which causes anaemia-irritation. Also pains due to localized congestion as the congestive form of dysmenorrhoea, will yield very gracefully to it, for the same reason that local anaemias do.

Glonoin is indicated in all cases where the surface is cold and pale. Shaller recommends it highly in true angina pectoris. Where the heart is feeble in patients convalescing from exhausting diseases, or in cases of threatened heart failure where digestion would be too slow, glonoin and atropine make an admirable combination with which to hold your patients while you are securing the more permanent effects of digitalin and strychnine.

I will give a brief resume of a case which will illustrate this practically:

Case, Goldie H., aet. 3 yrs. Suffering from a severe attack of dysentery. Tenesmus, very severe—mucosanguinary and frequent stools. This proved very troublesome to control on account of a very rebellious stomach. Nothing at all was retained for several days except raw white of egg stirrred in ice-water. At last when the stomach irritability passed away the dysentery had assumed a distinctly typhoid type. Fever 102 ° to 105, ° delirious, picking continuously and uttering a peculiar, pitiful moan.

Without entering into the details of treatment, will simply add that the case grew steadily worse for two weeks by which time the little patient was little more than a skeleton. About this time I was called in the night and found my little patient on the very brink of death from collapse. The pulse was but a feeble flicker, the surface pale and covered with a clammy sweat, the eyes sunken and open, lower jaw dropped and breathing very shallow. Glonoin gr. 1-250 one, atropine gr. 1-500 one, dissolved in ½ teaspoonful of water. One-half of this was the dose I dropped on the little sufferer's tongue every 5 minutes until the face flushed. It required about six doses to accomplish this effect. And the flushing of her little pain-drawn pallid face was one of the heart-gladdening epochs in the pathos of a doctor's life. All returned to the task with an energy born of renewed hope. Glonoin, 6 granules, strychnine arseniate gr. 1-134, six granules, digitalin gr. 1-67, six granules; copper arsenite gr. 1-250, twelve granules, all dissolved together in twelve teaspoonfuls sf water, of which one teaspoonful was to be given every hour for four doses, then every two hours. Nuclein, the indispensible, one-half of one tablet every two hours. And the prophets of evil who hovered about my little patient, still marvel that she got well.

Glonoin has been used successfully in the treatment of sciatica, and in those cases which will respond to it

at all the relief is prompt. It is likely that this relief is due to its influence over the circulation—that is to say that when the sciatica is the expression of a localized congestion in and about the nerve, glonoin will relieve. Aconitine is also a useful remedy in sciatica and for the same reason. Glonoin is the prompter in action of the two, but is usually not so permanent. When the sciatica is due to the rheumatic diathesis, glonoin should be combined with colchicine and both should be pushed to full effect.

Glonoin is a respiratory stimulant, and will frequently relieve dyspnoea whether it is due to pneumonia, asthma or what not.

Without entering further into the details of the subject, permit me to remark that glonoin is one of the easiest of our newer and more active medicaments to learn, and its indications so many, and its action so decisive that it really amounts to negligence not to be informed upon its most salient poinfs.

HYDRASTIN.

Hydrastin—a concentration of hydrastis canadensis, standard granule gr. 1–67. Hydrastine sulfate—an alkaloid from the same plant. Standard granule 1-67. A granule of the latter is also made which comes nearer approximating the dose usually required and which contains gr. 1–6.

Hydrastin being a concentration, the objection as to color which obtains against the galenical preparations of the drug, holds with it also. On the other hand the hydrastine, while white and representing all the medical properties of the plant, and being elegant and soluble, has the disadvantage of being quite expensive. The 1–6 grain granule costs $4.20 per 1000. But where the patient can afford it, it is by far the preferable preparation.

Hydrastis is a drug which obtained its first hold upon the profession by so called empiric, bedside trial, and which method of testing a remedy is frequently the most reliable. After it had come to have a recognized place in the treatment of disease it was taken up for physiologic analysis, by such masters in the science as Bartholow, Mays, Fellner, Falk Czempni and David Cerna. In his prize essay of 1890 we are indebted to Cerna for the best exposition of the drugs action extant.

These various experimental observers only added additional weight to the evidence of the careful clinical observers who had been using the drug in the treatment of disease for many years. The observant, painstaking doctor was giving his patient the benefit of the remedy long before the learned scientist, valuable as his indefatigable labors are, had explained the reason why it accomplished good.

In all of Cerna's experiments the hydrastine was used, its action being considered equivalent to that of hydrastis with the additional advantage of definitive results. There is a small percentage of berberine in hydrastis but for all practical purposes it may be ignored.

As Waugh has well named cimicifuga a "little digitalis", so with like propriety may we term hydrastine a "little strychnine". In small doses it stimulates respiration and, in fact, may be considered an all-a-round stimulant, more especially of the spinal cord and nerves.

It is a stimulant alterative to mucus surfaces and glandular tissue generally. It is so because of its primary action upon the nerve supply. Moderately large doses lead to salivation, gastric irritation and pain, nausea and the vomiting of mucus and bile.

In large doses it is a powerful depressant of the whole system. Convulsions closely resembling those pro-

duced by strychnine appear and death finally results from paralysis of respiration, the heart continuing to beat some little time after respirations cease and at last stops in diastole.

Therapeutically it is never given to the extent of exciting its depressant action any more than we administer strychnine to that point. Cerna's experiments prove the convulsions caused by it to be spinal in origin as with strychnine. Preceding death there is a final general paralysis due to a general effect on nerve centers and a direct action on muscular tissue.

Blood pressure is reduced through action on intra-cardiac ganglia and vaso-motor centers when given in large dose. In average medicinal doses it raises blood pressure, especially in the vessels of the abdomen and genito-urinary regions. This much is proven by the ingenious experiments of Rousac*, who directly observed this fact.

Rousac also by the same means proved beyond doubt that it increased the natural rythmical uterine contractions, but the administration of the drug to the pregnant human as well as animal female, proves that this increased contraction does not produce abortion. It is no more appreciable to the normal woman than is the normal rythmic contractions. This is true of either the pregnant or non-pregnant state.

Hydrastine is a good bitter tonic. It is an efficient stomachic, and where there is a deficiency in the amount of gastric secretion it acts well. It also assists digestion mechanically by increasing stomach and intestinal peristasis.

It has what appears to be a well earned reputation for the cure of cutaneous suppurations, as boils and acne vulgaris as well as the eczematous skin lesions. It is usually prescribed both locally and internally.

Hydrastine makes an excellent application to indolent ulcers. The powdered root may be used for this purpose where a dry dressing is desirable. Hydrastine is an excellent application to ulcerated or inflamed mucosa, likewise for catarrhal affections of the nose and throat.

In colliquitive sweats whether due to phthisis or to exhaustion incident to protracted illness of any kind, it is indicated.

Hydrastine seems to have gained its greatest reputation in the treatment of internal haemorrhage, more particularly menorrhagia and metrorrhagia. Those haemorrhages which are passive in character, due to congestions of pelvic viscera, yield the most readilly to it. But it has been used successfully in the alteration of haemorrhages from the uterus caused by sub-involution, fibroids and other local irritants.

There are five things which always occur to my mind when I have uterine haemorrhage to deal with, and after making differential diagnosis the remedy is applied in accordance therewith. 1. atropine, 2. hydrastine, 3. ergotin, 4. curettage, 5. radical operation.

Hydrastine, like strychnine, will tone up the pains during labor, but may be given to pregnant women with impunity in the usual dose. Hydrastine cannot take the place of ergotin in the puerperium. Especially is this true in post-partem haemorrhage, because it is not ecbolic—it does not close the uterus down upon itself. The two make an excellent combination.

Falk summarized his results in uterine haemorrhage at 64.6 per cent. cures. If one could invariably make a correct differential diagnosis perhaps these results are attainable by the average physician.

Hydrastine sulfate, or the concentration hydrastin should be administered when given for haemorrhages,

*American Medico-Surgical Bulletin, March 25, page 253, 1898.

one to three granules gr. 1–6 every one to three hours to effect. As a wash or ointment, it should be made of the strength of five to thirty grains to the ounce. Hydrastine makes an efficient injection for gonorrhœa. It is a good local application in the treatment of cervical and vaginal leucorrhœa.

CONSTIPATION.

By J. J. L. Doherty, M. D., 9 Sylvan Avenue, New Haven, Conn.

Functional derangement of the bowel and the success in treating it depends on the correct diagnosis of the cause, and removing it, and not merely moving the bowels.

When constipation is not intense and the normal secretions are deficient and especially in the lower part of the bowels, use laxatives. They do not give copious secretions, but bring back the normal amount. The best laxative is cold water, as soon as arising in the morning.

When the affection is due to a lack of secretions in the duodenum, towit: yellow conjunctiva, lines of the same color from the corner of the mouth and a complexion sallow and greasy—add a teaspoonful of sulphate of magnesia and one drop of one per cent. saturated sulution of sulphate of quinine to a glass of water, and order it drank either cold or as hot as can be borne.

When laxatives are indicated, they should be used alone, and not combined with cathartics, for cathartics are sure to habituate your patient to their use. When enemas are used a habit is also formed, and strange as it may appear the rectum will not act without its use.

When you find constipation due to torpor of the peristaltic action of the bowels, use cold water; an abdominal compress of cold water covered with a flannel bandage, douche the spine, and electricity assisted by the internal use of nux, prove very beneficial.

Another cause of constipation is portal congestion, which gives rise to hemorrhoids. This is the most persistent of functional constipation and should be treated with a course of saline purgation extending over four weeks. The hemorrhoids at first become aggravated by the treatment, but very soon contraction takes place, much to the patient's comfort.

Often constipation is reflex to some nervous irritation of the thoracic or pelvic organs, and generally attended with cold extremities—remove the cause if possible, and treat the irritation with belladonna and bromide of potassium and dry heat to the feet.

Organic constipation is purely strictural in character, and is due to the narrowing along the course of the intestines, and must be relieved in twenty-four hours or it is apt to terminate fatally—functional is rarely fatal even if the patient does not have a stool for a week. Organic constipation is diagnosed by the form of the fecal mass which is fully formed but ribbon llke in charracter.

Constipation occuring in women during the period of gestation is often caused by over stretching of the intestines by feces, and once stretched will never contract normally.

The most rational treatment for constipation is perhaps, a careful readjustment of the diet, and the adoption of active habits of life. Ill chosen and ill cooked food are the most frequent cause of intestinal troubles and should be especially avoided.

There is no doubt also that habitual constipation can in many instances be overcome by the persistent and systematic attempt to perform the impaired function at a regular time each day. Friction, rubbing over

the abdomen two or three times a day by the patient himself, will help promote vital action.

Electricity is beneficial if the cause be from insufficient peristalsis of the bowels. Faradism is an excellent remedy for chronic constipation because it causes the muscular fibers in the bowels to contract and to develop. Sitz bath, through its influence on the circulation, is of value in functional cases.

IRITIS.

(Fourth Paper.)

By J. A. Pratt M. D., Aurora, Ill.

In the treatment of iritis it has been truly said that atropine is the beginning and the end. We can divide the treatment of this condition into medical and surgical, the medical first as the surgical is the sequelae, as it were of the course of treatment.

In the first place we are to dilate the pupil, if we possibly can, and keep it dilated until the inflammation has snbsided. Our second move is to relieve the pain, and place the patient in the best possible condition for comfort as relieving the photophobia, congestion and sleeplessness, in fact keeping the eye in as near a perfect rest as possible. This latter fact is true in all branches of medicine, and by giving rest to the parts, we will the sooner reach the goal of cure.

There are apt to be certain constitutional conditions that should be looked after continually, as much frequently depends on the proper treatment of this prevailing attitude of the body.

The old saying used to be, if you did not know what was the matter with an eye, to use atropine. While this is poor medicine it is good logic hidden by ignorance. There is no remedy that is so perfect for the gun shot diagnosis of eye troubles as atropine as it puts the eye at rest, which is essential and nearly always beneficial in eye troubles. In cases of glaucoma, marginal ulcer of the cornea and cases where atropine causes increase of pain and symptoms, atropine is contra-indicated.

When a uveal trouble has been diagnosed we should try and dilate the pupil before leaving the patient. A solution of the sulphate of atropine four to five grs., to the ounce of water should be kept for eye troubles The following solution of homatropine will be found beneficial for a rapid dilation.

℞ Homatrop. hydrobrom., gr. j.
Cocain. hydrochlor., gr. ij.
Aquae dist., ℥ j.

M. Sig. A drop in the conjunctival sac every five to eight minutes, until dilatation is as complete as can be obtained.

It is well in administering the drug frequently, to keep the nasal duct closed for a moment and wipe away the excess. After dilatation we should return to the sulphate solution. After dilatation is complete we find that the pain is less, and photophobia has diminished until the patient has a sense of relief and comfort.

If the dilatation is very stubborn the strength of the solution can be increased, and I would advise the supervision of the physician until dilatation.

When we find the adhesion will not break down by the use of atropine, it is well to give the patient a thorough sweating in conjunction with the atropine. If it is possible a turkish bath is the best method and one that is preferred, but pilocarpine will do the work. Inject 1-12 to 1-3 of a grain, and have the patient remain in bed until the re-action takes place. This course of treatment not only assists in rupturing the adhesion, but is also beneficial to the diseased condition present, and is well to follow in severe cases.

If we find the patient cannot tolerate atropine, or the symptoms of atropinism appear, the atropine should be discontinued and the symptoms be relieved by the use of morphine and strong coffee. In such cases hyoscine or hyoscyamine should be used. Other preparations have been found to contain either the above, or atropine.

The cases should be watched for increased tension and acute pain. In such cases the strength of the solution will have to be reduced until there is only partial dilatation, for when there is complete dilatation the congestion and damming up of the blood in the ciliary region causes the symptoms.

So much benefit is derived in this trouble, by the application of heat and cold that particular attention should be given to its use. It is best to leave to choice of the patient, but as a rule heat is more desirable in winter and cold in summer. For the use of either I prefer the coil*, as it administers the required degree so easily, and yet so effectually, with or without moisture, that the irritability of the skin, so frequently caused by moist application is overcome.

If the pain is not relieved by the above methods, we must resort to our anodynes, but as a rule the foregoing will be found sufficient. Local blood letting is often beneficial.

A saline cathartic should always be given at the beginning of the disease. All reading and use of the eyes should be suspended, and a shade or dark colored glasses worn to protect the eyes from the light. The dark room is not necessary, but it is well to stay in the house until the sun is down, when moderate excercise should be taken. The diet should be light. The bowels should be kept regnlar, and I find that cascara cathartic pills are most admirable, in fact it is one of the few happy combinations of drugs which we find. It is put up by Chas. S. Baker, Chicago, and by Wm R. Warner and Co., Philadelphia, and contains the following drugs.

℞ Cascarin, gr. 1–4
Ext. belladonna, gr. 1–8
Gingerine, gr. 1–8
Aloin, gr. 1–4
Podophyllin, gr. 1–6
Strychnin sulph. gr. 1–60

Sig. One at bed time or every other night.

Counter irritation may be found beneficial in chronic iritis and rheumatic iritis. The salicylates are indicated in rheumatic iritis, and good results are often obtained by large doses given frequently for twenty-four hours.

In those cases that we know are specific or suspect that they are, antisyphilitic treatment should begin at once. I prefer the protoiodide of mercury in 1–8 to 1–2 gr. pills three times a day after meals, followed at the end of a week by accompanying, increasing doses of potassium iodide. If the iodide is prescribed in essence of pepsin, stomach irritation is avoided.

I do not like inunctions, as I detest dirty medication. In treating syphilitic patients I have always had the best of results with the triturates.

The operative treatment should be referred to those better versed in eye diseases. There are so many conditions that should be considered before operation, conditions that have to be known by experience rather than by book learning or special courses, that it is better for the general practitioner to refer them to his colleague, who confines his practice to this special line. We have paracentesis and iridectomy for increased tension and synechia, while even enucleation may be necessary to save one of the eyes.

In writing this article, I have tried to make plain to those in general medicine, points which they meet with

*See February Recorder, "Gonorrhoeal Ophthalmia."

frequently and yet are apt to allow to pass unheeded. I have made statements a little broad to give them clearness, and undoubtedly left out points that others may consider very important. I have tried to state the principal facts so they can easily be remembered.

(Concluded.)

ECHINACEA AUGUSTIFOLIA.

PURPLE CONE-FLOWER—SUNFLOWER FAMILY.

By Elsie M. Schmitz, M. D., Milton, Wisconsin.

Were I to believe one-half that I read about the marvelous cures performed by the use of this drug, I should think that the panacea for all ills had been revealed unto us. This Balm in Gilead is properly a prairie plant, ranging from our western prairies to the glades of middle Tennessee, thence south and west, blossoming in early summer.

It often grows with the common cone-flower, contrasting with the vivid yellow and black of its relative. Dye the bright orange color of the common cone-flower or "Black Eyed Susan," with rose, adding just a touch of purple and you have a very good imitation of the purple cone-flower. Less hairy are the stems and leaves of the echinacea, the disk a less intense and lighter brown, but otherwise the resemblance to rondbeck hirta is very close. It is one of the handsomest of the sunflower family. As a rule these plants are not admired for their grace and beauty, but for their independence and frank way of greeting. The purple cone-flower is to a certain extent an exception, more grace and undefined beauty has been given this plant. Still more admired is echinacea purpurea, whose stems are less stiff, leaves broader and of a lighter green. I will not take space to give a full botanical discription, as any one caring to know can look it up, thereby fulfilling the saying: "The Lord provides but leaves us to hunt it up." For an analysis of the plant I gather from the Druggist's Circular, June number, 1898, in a report by Prof. L. E. Sayer the following; "Mr. S. R. Boyce in his investigation, was inclined to think that the activity of the root resided in a volatile oil, or in a volatile oil associated with a resinous body. Quoting from his own records obtained in the laboratory, ho gives the following results:

	Per cent.
Total extract with chloroform,	1.04
Fixed oil according to Dragendorf	0.64
Volatile oil	1.3

These results were obtained from small quantities of the drug so that there was a chance for considerable error.

The root was collected about June first. The time of collection for obtaining these results, Mr. Boyce thinks is important.

Mr. Kirkland, following up Mr. Boyce's suggestions, had the following experiment performed, in the Lloyd laboratory of Cincinnati. Fifteen pounds of ground echinacea root were mixed with ten gallons of water in a copper still. From this four gallons of distillate were obtained, the distillate being collected in two gallon glass bottles, each filled to the top, no characteristic oil resulted; the water in the first bottle, however, contained small amounts of a fat that congealed at ordinary temperature, and in this condition arose to the surface. Traces only were found in the second fraction. The upper portion of the distillate containing traces of fat were shipped to us for examination. This distillate was allowed to stand in a separatory funnel, the upper portion decanted off and shaken with ether. The etheral solution

was separated and allowed to evaporate spontaneously. It left behind a semi-solid, light greenish colored, vesieme, which had a heavy odor and which, on exposure, changed to a reddish browh color and a valerianic odor.

The drug was examined for organic constituents, and the followlng results obtained:

Ash 5.93
Soluble in water..... 33.89
Soluble in hydrochloric acid... 46.57
Soluble in sodium hydroxide... 17.45
Insoluble residue..... 1.18
Qualitative examination, sodium, potassium, magnesium, calcium, iron, aluminum. Quantitive examination:
Chlorides (chlorine)..... 14.04
Sulphates 8.63
Phosphates.....
Further analysis of the dried drug was made, but space forbids the report in full of its medicinal properties.

Prof. H. M. Feltn, M. D. of Cincinnati, O., in the Eclectic Medical Journal, February, 1898, says of its specific indications and uses. To correct fluid depravation, bad blood, tendency to sepsis and malignancy, as in gangrene, sloughing, and phagedenic ulcerations, boils and various kinds of septicemia.

Much is being said of the medicinal worth to us of this plant aiding us in relieving the sufferings that mankind is afflicted with. The sinner and the sinned against may be helped according to the reports on its use in specific diseases. I long to administer to the suffering Jobs of today that their boils and carbuncles may flee as the dew before the sun. Y. Monroe, M. D. reports two cases of rattlesnake bite cured by its use internally and locally.

Dr. Wm. H. Logan reports a case of where the odor was very bad, in which the odor cleared up and the neighbors moved back, proving its worth as a deodorizer.

It seems to be the most reliable antidote for all blood impurities discovered up to date. The preparation made from the fresh, green plant is the most reliable, as the following case will prove.

A teacher in the public schools came to me for acute eczema of the right hand involving the dorsal surface of the fingers. Swelling not marked, itching intense; redness not circumscribed, shaded gradually into healthy tissue; no systematic rise of temperature but abnormal heat in parts affected. She felt much troubled over the redness and the amount of attention she had to give the offending member in order to endure the burning, itching sensation. I gave her echiniacea tincture, fifteen drops three times daily, and ordered the parts bathed with the same, and the trouble disappeared in three days. After some weeks she returned for "some more of that medicine that cured my hand so quickly before." I gave her echinacea from another firm and she soon came back with, "Why, doctor, that medicine is not like the first, it has done no good whatever." I replied, "yes, I know it is no good, I will send to number one for more." I did so and there has been no return of the trouble up to date, some nine months. This is not a brilliant case but simply proves its worth in skin troubles. In a case of internal haemorrhoids much benefit was derived from its use.

Col. Knight, of Harestock, Mass., owns the largest thermometer in the world. He has just had one seventy feet long placed in a shaft eighty feet deep to measure the earth's temperature. With this new thermometer the earth's temperature can be taken at twice the depth it has been possible to take it heretofore and the records obtained will be of great value.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

COMMENTS ON THE AUGUST RECORDER.

The first pages of the Recorder do not show any dog-day lethargy of the mid-summer or any insinuation that the editors have taken their outing, for the first original artical that greets the eye is the practical article of "Metritis," by Dr. Fitzgibbon, which is of essential importance to the general practitioner. Many such cases will come to him for relief, which if he is well posted in diagnosing the trouble and able to apply the right treatment, will add to his success, and also to his bank account. The specialist in gynecology would not receive so many patients from the general field, if we would all know what we should about the various abnormal phases of uterine derangements and their cure.

Dr. Fitzgibbon well says "There can be no exact line drawn between these various forms" anatomically, and his clinical classification is very good and concise; just what we busy workers want, that we can grasp quickly and hold without burdening the memory with useless debris that returns us no value for time invested, or rather, I would say, time wasted. The doctor gives us the pathology in so plain and simple a manner, that all can readilly picture in the mind the previous condition. The etiology is all right, but we give very little time to it, but pass on to symptoms and treatment, for those are the prime factors in the diagnosis and treatment. The doctor gives his mode of relieving such cases, which is excellent and effective. We hope you will drop in again for a friendly chat in near "to come," Dr. Fitzgibbon.

"Glandular Fever" is a new disease or name to most of us, and is an interesting article and valuable in its teaching, as Dr. Miller gives us a very nice description of the fever as comes from close observation made personally. We should preserve the article for reference, in order, if we should meet the disease we could easily recognize it. Dr. Miller gives us his best outline of the treatment.

Dr. Blesh's eighth paper deals with two very able and useful alkaloids that are not found wanting but have been fully tested and tried. Ergotin is a friend that can not be ignored when hemorrhages are to be faced and relieved. Dr. Blesh gives us the most recent studies of the effects of the alkaloid and the reason it checks hemorrhage. As the doctor says "That it will not always control bleeding," yet it does in so many cases that we depend on it largely. We should be able to recognize cases where it would fail and use the proper alkaloid in its stead. Ergotin should be used hypodermically in order to give quick results, which we need in any hemorrhage. He gives very explicit orders how to use the hypodermic injection so as to avoid abcess. I have had only one instance where an abcess formed from a hypodermic medication. It was very annoying to me as well as to my patient, yet the skin had been thoroughly cleansed and proper precautions had be takan.

Gelsemin is a grand friend to be thoroughly acquainted with, so as to know how to use it at the proper time. You will meet quite a few of your patients that will be benefitted by gelsemin if you give the required study of the drug, as to its therapeutics.

The various neuralgias and headaches come in its range of usefulness. Dr. Blesh gives two cases of la grippe treated by him, one with gelsemin, the other without, showing how successfully gelsemin combatted the disease, and how quickly the gelsemin patient recovered. As the doctor says in substance, the range of its usefulness will increase constantly if we give our attention to the alkaloid in the proper degree. Dr. Blesh wrote me recently in regard to his monthly lectures to the Recorder, saying he wrote them in sandwich style, a little between times, as he has had a very busy summer. Anyone who is as well posted on alkaloids as Dr. Blesh, will have plenty to do if he chooses. Doctor, you know its the meat in the sandwich that smacks to the palate, and no matter if your articles are sandwiched as to their writing, they have the meat and no bone.

Dr. Brodnax has condescended to smile in a southern style again, and his pen has wagged on the subject of "Dysentary." Very good, doctor, I have just been having some of those summer cases and I generally give those cases calomel to thoroughly cleanse the intestinal tract, and then proper dieting with zinc sulfo-carbolate and codeine comp. and W. A. antiseptic tablets as medicants is all they need.

I trust Dr. Brodnax will not criticise me for advocating the above preparations as upholding any patent or proprietory articles. I recently received a most denouncing postal card, written subject to violation of U. S. postal laws, simply because I wrote a article for the Recorder on zymotoid and results of its use in my practice. It was of such a nature that I must quote it to show how unprofessional and narrow minded some M. D.s are. This is it in full:—"Dear Doctor;—Your article on zymotoid glanced over. Why on earth do you not stick to U. S. P, and legitimate drugs? You disgrace the profession by lauding the merits of patent medicines and ought to be ashamed of yourself. Use your brain and talk less." And this same doctor lives in Wisconsin. I have my opinion of such a man, who will write such stuff on a postal card and send it through the mails, it shows his ignorance. As to the patent medicines I would say that there are thousands of physicians who use Maltine, Hayden's Vibirnum Comp.; Fellow's Hypophosphites, etc., who are the lights of the profession. But I know Dr. Brodnax is a true southern gentleman and is not so bigoted, but has common sense, and uses some good things that are proprietary. Not so, doctor? Your article on dysentary shows some good, practical points that do the work. Results are the guide lines to go by. I have just noted your article down in my index rerum for future reference.

"Iritis," Dr. Pratt's third paper is bristling with good points, that come from minute, careful observation, showing the pathological conditions that arise in iritis. We cannot note too carefully the eye inflammations, we cannot ignore the little points in our investigations and be successful practitioners. The little things properly looked into and studied are the stepping stones to success. Time spent in a careful perusal of Dr. Pratt's articles will repay anyone with profit and the pleasure of patients also. We hope Dr. Pratt will continue to be a constant visitor at the Recorder fireside.

Dr. Pepper is saddly missed, but he did his work and needs not a marble monument. His life was indeed short, but the work that he accomplished was as much as many, and more thau others do in four score and ten.

"Carbolic Acid Poisoning" reminds us that we should always know how, and be ready to treat a case of such when these accidents occur. Apomorphine or the stomach pump should be used in all cases of carbolic acid poisoning the first thing. The reason the ipecac did not produce vomiting was on account of the anaesthetic effect of the acid on the stomach.

"Maternal Impressions," by Dr. Brodnax, presents some interesting thought as to cause and effect. We do not know the reasons for such occurrences, but we know that they do occur.

"Iodide of Lime," as the article says, is the thing to use in membraneous croup, but it must be the genuine article to do good. "Items of Interest" are worth glancing at. The article on dry air treatment of arthritis deformans shows what can be done in those deplorable cases where every thing else fails. The Doctor's Library announces some good things for the doctor's leisure moments.

S. D. Sour, M. D., C. M.,
Princeton, Minn.

Dr. Sour reminds us of some of the good points in the preceding Recorder, worth remembering. The Doctor always has some good points from his own practice to add, which are appreciated.

Dr. Sour brings up the question of the use of proprietary preparations, now receiving considerable attention from the profession. In our opinion there are two extremes to this matter; one side maintains that nothing should be used that is trademarked, patented or protected in any way, and that only such things as our local druggist can compound be prescribed; the other side uses all sorts of patents from Ayer's cherry pectoral to Beecham's pills.

There is a middle ground occupied by a large proprortion of medical men, including Dr. Sour. If we were to depend on what the druggist can prepare extemporaneously, and on our unprotected preparations our therapeutics wou'd go back over a quarter century. Such a position would deprive us of a good proportion of our modern valuable remedies, as so many are protected in some way. Many of our remedies can only be prepared in special laboratories to be efficient and palatable; and palatability is an important consideration to-day.

Our manufacturing pharmacists have produced many elegant and useful preparations. and we believe in using the meritorious ones that are made for the profession and advertised only to it. We do not believe in using the medical products that are advertised in the public press for self medication without the physician's advice. The various preparations advertised in the Recorder all have merit, and our readers can rely upon any firm represented in this number as reliable.

CHIPS OF THOUGHT.

Every material in nature has its superior, (Daimon, daemon-spiritus), which will master it. The coarser the material, the more its annihilation. The rock seems to us more real, more solid than the water, because the water evaporates, dries up, and after all, the water annihilates the rock as seen in our western canon and the "Garden of the Gods."

The hardest wood is consumed by the flame, which might have been extinguished by the breath of the mouth. The fire will melt iron and the heat thereof combust the diamond. Fire cannot conquer the rays of light nor the electric spark; it only increases the glory of the light, lighting with the light but in greatly inferior glory. (God's simplicity—human wisdom). Aqua fortis will annihilate steel,

iron and other metals, but will not touch the gentle drop of oil that quiets and heals the wound. The finer corporeals bordering on the spiritual overpower the coarser, so the soul rules the body because that spirit is a worker from the realm of liberty.

The next worker more material, which partly, conditionally, is perceptible standing between the material and the spiritual. Aristotle's bodiless powers—nature's spirit, electricity, created when light was created or even before. In nature everything works after certain positive laws, partly comprehensible, partly incomprehensible for human understanding, partly by sympathy, partly by antisympathy—where distance, etc., has none or but little influence. The more striking example of this kind is the magnetic load stone. Query to the thinking: Is that certain rock, somewhere near the north pole or that peculiarly prepared end of the compass needle, which guides the needle, which again guides the mariner? Even to this unconscious power of nature a Jacob's ladder is attached. If we could see it we would be more wise. Do the rays of the sun carry heat or do they only free heat bound, belonging to the object those rays happen to strike? How is it that under some circumstances (thermometer and barometer being the same) those sun rays wilt a plant or make it more vigorous, etc.

Electricity in its extensiveness to which all vegetable and animal growths, even the movement of the heavenly bodies must be assigned—if it escapes out of one prison, leaving a decaying plant or animal body, it quickly finds another place to work, maybe in an other manner. Its nature is to thrive, create, flower, to bear fruit—in the animal to develop nerve and muscle, or freezing down in the stone or metal for centuries until human hands or a convulsion of nature frees it. Electricity is in the atmosphere as well as in the abyss, the cave in the lowest rock; it moves the clouds, it burns in the fire, it howls in the winds, in the hurricane, in the cyclone, in the simoon; it assists in the forming of the beautiful rose and the starry snow flake. We are amazed, recognizing its wonderful effects, although subject to strict laws which are rarely overstepped.

Electricity, this unconscious acting power, quick as the flash of light, when under control of human power, bound to a conducting wire, carries a dispatch around the earth with an unmeasurable swiftness. This insensible something, electricity, gives new fluid and life to everything existing. To the view of the thinker it makes creation an immense sensitive plant, or an immense sensitive animal. By this power all motion, attraction or repulsion is performed. It is the inmost electro-magnetic fluid, creating in all things, a living pure fire. Yes, the soul of creation matter, graded in uncountable grades from the most refined near to Him, powerful but invisible, down to the electric street car motor. How it is upward in the physical government of the world, from what we know about electricity, magnetism and all unchided, or to what influence by conscious ethereal beings it is subjected, our eyes are presently darkened. We know from holy writ that something of that kind takes place; that higher beings interpose in the physical as well as in the moral government of the world, although we are not permitted to see their angelic workings to our benefit nor the inference of the demons to our destruction. Query: Would it not be well to our expert chemists to tell us, if our most powerful explosives are electricity, bound by human skill, unbound by the free spark or a contrusion causing the same?

F. A. Beckel, M. D., Sheboygan, Wis.

The Wisconsin Medical Recorder.

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J. P. THORNE, M. D., Editor.

SUBSCRIPTION PRICE:

$1.00 Per Year in Advance; Single Copies, 10 Cts In the United States, Canada and Mexico. Foreign Couniries in Postal Union $1.25 Per Year.

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HALL & THORNE, Publishers, Janesville, Wis.

OBSERVATION.

The faculty of observation should be possessed and cultivated by every physician. Careful observation forms the foundation of successful practice many times.

Dr. Pratt, in his articles, has called special attention to the need of observation in eye diseases. A patient comes to one physician with a "sore eye." The practitioner sees merely a congested conjunctiva, prescribes a simple collyrium and the patient departs. Another practitioner sees this same patient and he at once sees not only a congested conjunctiva, but also injenction of the deeper bloodvessels, a contracted pupil, a different hue to the iris and the other signs of iritis. This physician immediately resorts to the proper treatment for iritis and how different the results would be from the treatment of the first physician.

But this valuable faculty of observation is necessary not only in eye diseases but in the whole practice of medicine and surgery. Some of the most eminent practitioners of the world owe their success largely to their habits of close and careful observation. This faculty contributed to the great success of Dr. N. S. Davis. We have often noticed, at the bedside, how thoroughly he observed all the details, even the smallest, of a case.

The young practitioner will do well to train his powers of observation, and he will form a habit which will help him all his life. The man of quick, guess diagnoses never is a great success but the man of observation who makes good diagnoses is sure to grow in reputation, practice and success.

THE RECORDER.

The prosperity of the Recorder continues and we shall soon close this year's volume with a large subscription list. Some see this number of the Recorder for the first time, and to such we extend an earnest invitation to join the Recorder family. Please examine this nnmber and see if you do not think it worth one dollar to receive this magazine every month to January 1, 1900. We have plans for next year, which embrace some new features and assure us that next year the Recorder will be better than ever. But in addition to the Recorder we offer valuable premiums to secure new subscriptions. Our premium labels are well printed on the best gummed paper and are sent postpaid to new subscribers. Please send a money order, or draft for one dollar, and you will never regret that you subscribed for the Recorder.

PEACE.

Physicians rejoice in peace and the victories of the war just closed, fully as much as any other class. The improved business conditions, which will follow the uncertainty of war, will benefit physicians as well as the whole people.

Magnificient victories and expansion of territory are gratifying to the American people, but this country will learn several valuable lessons from the experiences of this war. A large army was hurriedly put in the field without adequate preparations. This hurry is probably what caused the poor locations and improper management of some of the camps, the lack of surgeons, nurses and supplies where needed.

England has a medical department of the army, absolutely independent of the war department, called the Royal Army Medical Corps. This department has its own supplies and means of transportation and is responsible for the conduct of the medical and surgical work. Such a department in this country, with efficient medical officers, would be very desirable and prevent much of the trouble of a war like this one.

Another lesson is that this country needs a larger standing army. This war has shown to the world the fighting qualities of Americans, and a larger army of such fearless men would be a powerful agency for peace.

The surgeons in this war have worked hard and fearlessly, and, with a few exceptions, have been faithful. We know many surgeons have done all possible for their men, even furnishing needed medicines at their own expense.

Antiseptic surgery has done away with much of the amputations and the deaths following minor wounds. Military surgery can now assure the prompt healing of injuries. But what is more to be feared, are the camp diseases, which we must be ready to prevent and cope with in the future.

We trust that the ending of this war will open a new era of prosperity for the American people, in which the physician may have his share.

THE ANTITOXIN PATENT.

The granting of a patent on antitoxin to Dr. Behring has been severly criticised in this country on a number of grounds. One of the main objections to the patent is that Dr. Behring was not by any means the sole discoverer of antitoxin. Antitoxin is the result of the combined researches of Pasteur, Leffler, Yersin, Armson, Roux and Emerich more than of Behring's work.

The American manufacturers have done much in developing the production of antitoxin, and they will protect physicians who use the American prodnct. A late issue of the London Laucet has this to say on the subject:

It is difficult to conceive how the United States Patent office could after repeated refusals have been convinced that the applicants were entitled to be regarded as the sole discoverers of a method which was the outcome of slow and prolonged scientific investigation and reasoning pursued in all directions. Much less can it be understood what fresh facts could have been adduced to cause a change in policy and to create a monoply in a remedy the production of which has for three or four years been carried on at several centres in the United States. The American critics deplore the laxities of their patent office and hint that it would be impossible for similar applications to be entertained in Europe. It is possible that such have been made, or else that advantage has been taken of the greater facilities afforded in the United States for obtaining patents. The pity of it is that any such application should have been made at all. Surely Professor Behring never dreamed of taking such a step when he revealed his process and gave it freely to the world. It must have been an afterthought, and it almost bears the appearance of having been deferred until the worth of the discovery had been appraised and the commercial value of the remedy thereby heightened.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

If an efficient diuretic is needed in typhoid fever sodium nitrite will be found of value.

The Homeopathic Annual for 1898, published by Dr. H. A. Mumaw, Elkhart, Indiana, contains a variety of interesting matter.

Bananas contain ninety-five per cent. of nutritive materials and but little waste. They have been recommended of late as a good food in typhoid fever.

Vick's fall catalogue of bulbs and plants will be sent to any of our readers who address Jas. Vick's Sons. Rochester, N. Y. It is worth sending for.

We advise our readers to improve the offer which the Maltbie Chemical Company make in this number. Their preparations are all of first quality.

Strontium arsenite is useful for internal administration in treating skin diseases as it is not a gastric irritant like the other preparations of arsenic.

Dr. Henry Waldo Coe, of Portland, Oregon, regards exercise of value in treating exophthamic goitre. His treatment is massage, electricity and exercise, all used judiciously.

Imperial Granum is a food which is assimilated by infants from the first day of existance. This is proved by the living testimony of thousands of healthy human beings who were raised on it. A prominent physician says: "I have four boys raised on Imperial Granum, exclusively, never having tasted mother's milk. One boy is now center rush on his foot ball team, and the four boys range from 5 feet 11 inches to 6 feet 3 inches in height and weigh from 165 to 195 pounds and are all very hearty."

Dr. W. W. Brown, of Blackstone, Mass., reports good results in treating hernia by the injection method. In an article in the Atlantic Medical Weekly he says:

The formula I use is composed of:

R Creosote, m. xv.
Morph Sulph, grs. ij.
Glycerite of tannin, dr. j.
Witchhazel, oz. iij.
Reduced by distillation to oz. j.

M. Dose from V to X minims.

The mode of procedure as practiced by me, is as follows:

Having placed the patient in a recumbent position and the hernia returned to the abdominal cavity, the left index finger is invaginated in the scrotum, and the point of the finger pushed well into the canal. The syringe (I use a common hypodermic syringe, with a somewhat longer needle than the ordinary) is then taken in the right hand, using the left finger as a guide, the needle is thrust through the tissues, just beyond the tip of the finger, and slightly elevated toward the opening, and the fluid deposited. This is for oblique hernia; for the direct form, inject on the border or over external ring.

Gonorrhoeal rheumatism is a disease with which most practitioners have to contend at times. It is a severe and sometimes intractable disease and often makes cripples of its victims. Anything which has proven of value in its treatment is worth investigating. The following from the Medical Times presents some useful ideas:

Gonorrhoeal rheumatism has, until the past two months, been the bane of the genito-urinary ward, but since Dr. Carlton has instituted the use of the Esmarch bandage the results have been as brilliant as unexpected. The bandage is applied as follows: If the gonorrhoeal rheumatism is in the knee, which is a favorite seat of this disease, the Esmarch is applied, beginning at the ankle and encircling the leg to the lower border of the knee; beginning above the knee another bandage is applied enclosing the thigh. The bandage is wound sufficiently tight to obstruct the circulation, and left on from fifteen minutes to one hour, according to the tolerance of the patient.

Dr. Carlton says the bandage acts by destruction of the gonococci, due to their deprivation of oxygen. After from one to six applications the indicated remedy removes the symptoms and cures the cases as could be expected in ordinary rheumatic disorders.

A., age twenty-five, had gonorrhoea three years ago, another attack three months ago. Gonorrhoeal rheumatism developed in left knee one week after appearance of urethral discharge. It is swollen, red and very painful; pains worse at night and when lying down. The Esmarch bandage was applied twice, twenty and thirty minutes respectively, and mercurius biniodide 2x prescribed.

In one week he was so much improved that he asked for his discharge from the hospital.

B., age thirty-one. Ten days after gonorrhea appeared, gonorrheal rheumatism developed in his right knee, accompanied by swelling, pain and stiffness of the knee, pain worse at night and on slight motion. Later effusions occured, with weakness and stinging pain in the affected joint. Two months after infection he came under our treatment suffering from the symptoms described. The Esmarch bandage was applied twenty and thirty minutes for two successive days and apis given internally. Complete relief soon followed and the patient returned to his occupation.

C., age twenty-seven, had gonorrhea three months ago; one month later gonorrheal rheumatism developed in both knees and shortly after in both elbows. He has been confined to his bed nine weeks with this malady. One application of the Esmarch was made to his right leg and each arm and two to the left leg, the bandage applied for twenty-five minutes each time. Rhus tox. 3x was prescribed on symptomatic indications, and, in four days after the last application, the patient was able to be out of bed. In three weeks he asked for his dismissal, saying he felt sufficiently well to return to his occupation as bookkeeper.

The September number of Suggestive Therapeutics has been received and contains a variety of articles on hypnotism and allied subjects. The number contains nine original articles and the editorial department. The following is an extract from an article on habitual constipation by Dr. A. H. Burr, M. D., of Chicago, and gives some idea of the articles which the magazine contains:

Dietetic and hygenic measures, physical exercise and massage, electricity and drugs may be contributing aids, but the essential factor in setting up once more

the disturbed rythmic impulses must necessarily be the re-establishing of psychic control. The fact is entirely overlooked in our text books in the treatment of this ailment.

To illustrate the method of treatment carried out at the clinics of the Illinois College of Psychology and Suggestive Therapeutics, we will suppose a lady has presented herself for relief from chronic constipation and resulting ailments. She is placed in a reclining chair, and the sleeping state is induced by the usual suggestions, when the following predictions and instructions are given: You are going to be entirely relieved of this distressing trouble of constipation. From this time on you will acquire a daily habit of going to stool at a certain time, which you will always faithfully heed. By previous conversation a time has been selected when the patient would be least likely to be interfered with. The most favorable time to select is after the chief meal of the day, whenever that may be, as the kneading action of the stomach upon a full meal awakens, by sympathetic reflexes, the peristaltic waves in the intestines. In this case we will suppose the after-morning meal to be the most favorable time. Continuing our suggestions: "To-morrow morning, just so sure as you have eaten your breakfast, there will come a feeling that your bowels must move. You will never postpone this call of nature. You will attend to its demands promptly and your bowels will certainly move comfortably every morning. These suggestions are re-enforced by a rotary pressure of the palm of the hand over the abdomen from right to left. Every night before retiring you will massage the bowels, kneading the abdomen with both hands, always moving in a circle from right to left. You will repeat this a few minutes every morning before dressing. This will increase the circulation, strengthen the muscles and stimulate the nerves of your bowels, and the habit will surely come back of regular daily movements of your bowels." In some cases these suggestions are supplemented by a tablet of aloin, strych. and belladonna at bed time for a few nights, then alternate nights, a week longer and dropped. The suggestions are repeated every other day till they begin to take effect. This depends upon the susceptibility of the patient to suggestible conditions. With some the effect is apparent after the first treatment. Others respond more slowly. Usually the most obstinate yield in a few weeks, and associate ills respond pari passu. Each case is to be treated individually. No hard and fast rule will apply to all.

The magazine is published by the Psychic Pub. Co., Times Herald Building, Chicago.

Zymotoid is an antiseptic preparation which is advertised only to physicians and has merits which give it a good sale.

Dr. Andrew Hobbs, Superintendent of the Blue Springs, Neb., Sanitarium, in a recent letter says: I have been very much gratified by results by placing your zymotoid in catarrhal cases. Also used it in case of ulcer in leg of nine years standing, and the rapid healing was more than I could possibly look for with anything else. Zymotoid is all you claim it to be.

In a late letter, Dr. J. W. Benodon, Maquoketa, Iowa, writes: For nearly four years, by clinical observation, I have been astonished at the marvelous work zymotoid has accomplished for me in all cases where an antiseptic was suggested. I have used it both internally and externally, and there is nothing in materia medica that equals it, and I know it covers a greater field of curative usefulness

than your advertisements saggests. I have used it in all throat diseases—croup, diphtheria, scarlatina, ulceration of stomach and bowels. I have had unparalleled success, and, in fact, in all troubles where the mucus membranes have been ffected. In gonorrhoea its merits are beyond comparison, used as an injection. Add to what I have said that I cannot do without it for almost any kind of inflammation, its harmless nature for internal use, and it may lead others to reap similar experiences to mine.

Dr. G. W. Smith, Ada, Kansas, says: "I have used zymotoid in diphtheria with the happiest results. I don't think of using anything else in nasal catarrh, in gonorrhoea, or in acute inflamations of any kind. Don't think I could practice medicine successfully without a good supply of zymotoid at hand."

The trinity for malaria, as iquinin, laxiquinin and toniquinin, are called, are upholding their rights to the title, as the many letters of endorsements from physicians prove, the following being one extract: "Have tried your combination in many cases of malaria and la grippe with very happy results, and my experience with them certainly prove them to be almighty Samson in the armamentaria, of my professional brethren. I feel assured that these new remedies are a step in advance of all first-class tonics now offered to the profession."

These preparations are made for physicians' use and the ingredients are made known to the profession. The manufacturers will send a supply of free samples to any of our readers.

Maltzyme has now been before the profession for a year and in that time has become thoroughly established on account of its value as a reliable malt product. Its compounds with cascara sagrada, hypophosphites and cod-liver oil are all satisfactory preparations. The amount of diastase which maltzyme contains is an important feature which adds much to its worth. The editor in treating diseases of the throat and eye, dependent on a tubercular condition, has had good results by using maltzyme with cod-liver oil in addition to the local treatment.

Hematherapy by means of bovinine has a wide spread range of application. As a local application bovinine promotes healing, whenever applied and is of especial value in ulcers and suppurative conditions. The following report by Dr. H. L. Plummer, of East Boston shows its prompt and efficient action: "I have found bovinine especially valuable in five cases of eczema, one of which was that of a lady some seventy-six years old. Both legs were covered with a suppurative eczematous eruption, from knees to to ankles. There was not a spot as large as a nickle but showed this eruption. There were also patches about the body. I cased the legs to be thoroughly cleansed, then rubbed in bovinine with the hand, then doing up each leg in four thicknesses of cloth saturated with bovinine, which I was surprised to find the bleached out white in six hours. Carefully renewing this dressing, also treated the patches in a similar manner; in three weeks the legs, and the patches about the body were healed up smooth."

A New York man has commenced a suit for $10,000 damages because the whiskers on one side of his face were destroyed by the X ray.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

TRANSACTIONS OF THE STATE MEDICAL SOCIETIES OF WISCONSIN, 1898.

The thirty-second annual volume has just been issued and is on our table. The book contains all the papers read at the last meeting of the state society and is a valuable record of medical and surgical advancement and thought.

The president's address by Dr. Wm. Mackie, of Milwaukee, is an instructive and interesting sketch of the leading theories that have influenced medicine from the time of Hippocrates to that of Virchow, when he announced his cellular pathology and laid the foundation of modern pathology.

The papers cover all departments of practice and represent the work of many Wisconsin practitioners. The papers, as a whole, are of a light grade and are worthy of preservation.

The book contains nearly six hundred pages and is well printed and nicely bound and is a desirable addition to the physician's library. The value of the book is enhanced by the careful editing it has received from the energetic secretary of the society, Dr. C. S. Sheldon.

This is an age of sharp competition in the practice of medicine, and every year the contest becomes fiercer. Thousands of physicians enter the ranks every year, the numberless free dispensaries take away much good practice, and other things make the lot of the physician a trying one. With all this competition the physician succeeds financially who gives attention to the details of his business and improves all legitimate means of profit. The profession has given little attention to the slight ailments and blemishes of the face, yet this is a pleasing and reumerative field of work.

This field is occupied by a host of "madams" and "beauty doctors" who are incompetent, and yet many do a paying business. The appearance of the face is an important matter to most people, and they are willing to pay the physician who can heal these minor skin troubles. A good toilet and medicinal preparation is acneine which is efficient in treating acne and other facial blemishes. Any of our readers can obtain samples and the formula whenever they desire. A trial of it will assure you that it has merits.

Another useful toilet preparation is Dr. Mc. Neal's hair tonic, which is of value in seborrhea and alopecia, and is well recommended.

Both these preparations are advertised to the medical profession and are in use by physicians.

It is an important historical fact that when Gen. Ben Butler captured New Orleans during the civil war, he so thoroughly cleaned the city as to prevent and stop yellow fever. The Americans have the opportunity now to perform a similar service in that breeding place of yellow fever, Santiago. One fruit of American victory will be to greatly diminish yellow fever in the future as doubtless the Cuban cities, which have been the chief source of yellow fever, will be put in much better sanitary condition.

Slippery elm is a pleasant remedy in throat diseases. It allays irritation and promotes restoration of the throat to its normal condition.

Perhaps it would be a good plan for most physician's to have a sign like a colored physician's, "No pay, no cure."

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Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. I. JANESVILLE, WISCONSIN, OCTOBER, 1898. NO. 10.

ORIGINAL ARTICLES.

CARDIAC THROMBOSIS.

By J. M. Thompson, A. M., M. D.
Portsmouth Bldg., Kansas City, Kan.

Emeritus Professor, Medical Department Kansas City University; Consulting Physician, Bethany Hospital; Editor of Therapeutic Digest and Formulary; Ex-president of Wyandotte County Medical Society; President Board Pension Examiners.

[READ AT MEETING OF THE WYANDOTTE COUNTY MEDICAL SOCIETY.]

The subject which is presented for our consideration to-day is fraught with interest to every practitioner. In all ages past, and even at this present time sudden death among a certain class is regarded as a mark of extreme displeasure of Him who guides and controls the universe, as well as the mechanism of our bodies; and yet with all our knowledge of modern research this sudden fatality has a terror, an indescribable dread in its mysterious operation. At one moment living, active, apparently strong and healthy, and in the full possession of the mental faculties, the next a helpless, lifeless corpse. Indeed well may we ask why this sudden change. Here we touch upon the domain of the spiritual.

However it is ours to deal with the material; to investigate the cause of disease; to discover why the functions of the various organs of the body become impaired, that lead to disease and death; to apply therapeutic means to pathological conditions that a restoration may take place. This is a great and inexhaustible field of study, but how little we know of the metamorphic changes going on within the body; yet experience, practical observation and continued research have led to unfolding of facts which were inexplicable, according to earlier teachers and writers. The light of science illumines our way. The busy practitioner every day of his life from the depths of his inmost soul, looks up and pleads for more light, that he may avert the storm fast overtaking those who are entrusted to his care. Who of us has not been hastily summoned only to view the remains of a lifeless body, the remains of one who but a few moments previous mingled among his fellow men? We feel the pulse, listen for a heart sound but none is there. Possibly a score of voices will inquire the cause of death. We know that a sudden suspension of the functions of some one of the great organs of the body has taken place. We notice the aspect of the body, its position, the expression, the color of the skin, in fact grouping together all the objective symptoms, besides noting the environments of the

place. There may be circumstances that lead to suspicions of foul play, that death came by violence. Our attention is directed to the heart. There are many causes that lead directly or indirectly to a sudden ending. We can understand how that debility of the muscular walls, spasm of the ventricles, mechanical obstruction, or regurgitation, rupture, cerebral and pulmonary apoplexy, and finally heart clot may cause a cessation of action. I believe no one can absolutly diagnose which of these conditions exists except by ocular demonstration. An autopsy is held and what to do we find? If from debility of muscular walls, there is dilatation, possibly hypertrophy with attenuated walls. If from spasm of the ventricles, there is contraction or systole. If from regurgitation there is valvular insufficiently from vegetation or deposits on their margins. If from rupture there is fatty degeneration of the walls, with pericardium filled with blood. If from heart clot, there is found a most remarkable and striking pathological condition existing—a thrombosis.

We ask ourselves whence came this foreign body, if I may so call it. We consult our authorities and find it described as a clot filling or partially filling one or more cavities, divided or separated into several parts or penetrated by the current blood, while at lower extremity it is held by spider-like attachments to the columnae carnae. Its structure may be laminated or the surface over which the current flows may be roughened or composed of broken fibrin; in shape it conforms to the surface of the surrounding structure. Now comes the question what are the conditions under which this clot was produced? Authorities say that it is due to failure of muscular walls, muscular weakness of the walls of the heart, whereby the circulation is impeded favoring coagulation, and yet notwithstanding the advanced literature on chemical fluids of the body, the nature of the process of coagulation is still very obscure and unsatisfactory. It is held at the present day that the fibrin is due to the interaction of fibrinogen and fibrinoplastin in the liquor sanguinis by the influence of a substance acting like a ferment. Contact with healthy lining membrane prevents the blood from coagulating says eminent authority, hence any structural change or alteration in the membrane is liable to produce thrombosis. A diminution of the body fluids, or an increase in the elements constituting fibrin are predisposing causes, which only require retarded circulation to bring about the pathological condition of heart clot, or a clot in any part of the circulation may take place. In the veins, arteries and lymphatics, vegetations may be swept off by the blood current and carried to more distant parts. Quite naturally arises the inquiry what conditions of systemic change, or what diseases are favorable to producing an excessive amount of fibrin? Again how long could this condition exist prior to death, and if detected before death what the prognosis and remedy? These I will leave to be discussed by the members of the society.

In conclusion I take pleasure in exhibiting a specimen taken from the body of Mrs. H., aged about 38 years, and of Irish descent. When called I found the corpse lying on the kitchen floor on her right side; vomit on the floor; face, neck and breast cyanosed, blue discolorations. She was alone when death came; had evidently been in the act of kindling a fire in the stove, a washerwoman by occupation, and a hard beer drinker; subsequently learned that she had been confined about five days previous. The fact of her dying alone, and her husband being brutal in his treatment, suspicion was aroused; he was arrested and

held to await the result of an inquest. Great excitement prevailed; the onlookers could see finger marks on her throat. At the autopsy, ordered held by Coroner G. M. Gray, M. D., we found a fibrinous heart-clot held by spider leg or thread-like attachments 4 or 5 in number, to the columnae carnae at apex of right ventricle, approaching the tricuspid valve, then dividing, one part filling almost completely the ventricle, the other part extending up and almost filling the right auricle. (The size and shape of the clot can be approximatedly estimated by placing a pencil obliquely across the palmar aspect of the hand, touching at the bifurcation of second and third fingers and extending to bifurcation of thumb and first finger; the two fingers with base so formed quite nearly represent it). The divided surfaces over which the blood current swept were rough aud from off one end of the portion extending into the auricle, a piece as larges the end of one's finger, had been torn, and swept into and completely occluding the pulmonary artery, hence causing instant death; the corpse presenting all appearances of suffocation or strangulation.

ALKALOIDAL MEDICATION

(Tenth Paper.)

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie O. T.

HYOSCYAMINE.

Of this alkaloid there are two preparations used in practice, the amorphous and the crystalline. The amorphous is a uniform mixture of hyoscine and hyoscyamine and seems better adapted on this account for general administration. On the other hand where a clean cut decisive action is desired to meet certain well defined indications the crystalline is preferable

Hyoscyamine is derived from the leaves and seeds of hyoscyamus niger, the quantity obtainable is in varying proportions of from 0.08 to 0.16 per cent. in the seeds and from 0.042 to 0.224 per cent. in the leaves. (U. S. Dispensatory). The comprehension of this simple fact will explain the variability in strength of the ordinary fluid extract and tincture. This variability in strength of the ordinary fluid extracts and tinctures of hyoscyamine is a well attested clinical fact. While in the assayed preparations of this drug which are subjected to the Dragendorff precipitation test for the alkaloids there is no differentiation made between hyoscyamine and hyoscine the two principal alkaloidal constituents. So while the assayed preparations are a decided advance over the older preparations, which sometimes were almost wholly devoid of alkaloids and as others contained an undue proportion, we are yet in the dark as to which alkaloid we are prescribing or in what proportion if both are present. The standard granule of the amorphous contains gr. 1-250, the crystalline gr. 1-1000; the latter as is indicated by the size of the granule, is about 4 times the stronger.

Hyoscyamine is a member of the mydriatic group of alkaloids and in many ways resembles atropine, the chief of that important group. It is a vaso-motor dilator as is atropine. It is more powerfully hypnotic than atropine. Upon the heart, in medical doses its affects are nil. Hyoscyamine is a cerebro-spinal and sympathetic nerve depressant in large therapeutic dose while in small dose it is a stimulant. This quality of action is marked in all the mydriatic group. The skin flushes under its influence and a sense of dryness and constriction of the throat is felt.

Generally speaking the indications of hyoscyamine are the same as those for atropine. It is a more decided

sedative to abdominal pain, especially that of a colicky nature than is atropine. For the insomnia due to nervous strain and mental overwork as well as the maniacal excitement of the insane it has no superior except in its relative hyoscine. Hyoscyamine is also a secretion dryer but not to the same degree as atropine.

In the early stages of chorea, before organic lesion has developed there is no better treatment known to the writer than hyoscyamine combined with cicutine, one of each together in solution in hot water or hypodermically every 15 minutes to effect. The combined action upon the cerebral and spinal centers together with that of cicutine on the motor terminals will explain its action in these cases.

Such a nerve excitation is frequently observed in young girls at the approaching period of puberty. If neglected or considered as merely "hysterical" and consequently improperly treated these young girls are doomed to chronic invalidism. If correctly treated the trouble may be controlled until the establishment of full menstruation when it will usually disappear. Hyoscyamine causes the irregular nerve-energy to flow more evenly and acts as a sedative to the excited cerebro-spinal centers which have thrown upon them the additional work of establishing this function, while the active motor depressant action of cicutine on the terminal nerve filaments controls the active manifestation in motion of this irritation.

This combination will usually relieve the chorea, but any pre-existing or co-existing anemia should receive appropriate treatment. Right here is your opportunity to test the merits of nuclein and iron arseniate in full dosage. All reflexes should be inquired into with scrupulous care, for we should ever have before our vision the nightmare of organic lesion and its dreadful consequences to this interesting class of patients. Our success will be in proportion as to how completely we absorb or control these patients, both pschycically and physically.

Hyoscyamine is indicated in all spasmodic affections, both local and general. Dysmenorrhoea, laryngismus stridulus, recent torticollis, biliary colic, in the passage of urinary calculi combined with sufficient morphine to control the pain, asthma, neuralgic pain of the abdominal and pelvic viscera etc.

In varying combinations it is one of the most useful drugs we have for the relief of spasmodic dysmenorrhoea. It is one of the active parts of Buckley's useful combination (uterine tonic granule) a combination which it will be my pleasure to consider more at length later in the series.

For relief of the spasm in asthma hyoscyamine may be combined with glonoin or cicutine or both, 1 granule of hyoscyamine and cicutine with 2 or 3 of glonoin together every half hour until relieved. If the attack is urgent the remedies may be given hypodermically with impunity. So soon as the attack is relieved almost every asthmatic patient should have strychnine arseniate in ascending doses to complete saturation. In my own practice I have not found any drug or combination of drugs that will give me the all around satisfaction that the above will.

Hyoscyamine will lessen the griping tendency of the remedies. It will also diminish the frequency and severity of afterpains and when administered for this purpose meets two indications—(1) relieves appreciably the suffering incident to these pains and (2) diminishes the danger of post-partum haemorrhage. It relieves the former on account of its relaxant effect on spasm—it is a sedative of involuntary muscular action.

It lessens the danger of post-partum haemorrhage because it is a vaso-motor dilator and thereby diverts the blood from the centers to the surfaces. The capillary net-work of the body is capable of holding all the blood and hyoscyamine or atropine will do a great deal toward placing it there. When the blood is largely in the capillary system a severe haemorrhage is not likely to occur.

For after-pains give 4 granules of hyoscyamine every 2 hours until dryness is felt in fauces and skin flushes, then reduce to two.

Hyoscyamine is an excellent remedy to administer for the much complained of "nervousness" of hyper-aesthetic females who haunt the physician's office and are often-times such a bugbear to him. In giving it to such patients be not above using a little positive hypnotic suggestion in regard to the drug's action, basing your suggestions upon some well defined physiological action and then be sure and give enough to elicit that action very positively. When that action becomes apparent to the patient her doubts are likely to vanish and she is apt to believe everything else you have told her.

Hyoscyamine and gelsemin 4 to 6 granules of each in a full glass of hot water or lemonade, taken before retiring at night, will usually break up in its incipiency a forming cold. It will almost invariably do so for the writer when he has that peculiar "stopped up" feeling in the head, which is at least in his case premonitory of a forming cold. Hyoscyamine taken in this way is also an excellent hypnotic and in the absence of physical pain will usually insure a night's slumber from which the fatigued patient awakens refreshed. It should be given in this way to the sufferer from insomnia.

One granule of hyoscyamine in hot water, given every 15 minutes will relieve local cramps and the pain incident thereto. It is a valuable addition to any remedy or remedies administered for the relief and cure of intes tinal pain either spasmodic or tenesmic whether due to cholera morbus, colic, dysentery or what not. Frequently it will be all that is required to relieve urinary tenesmus or stranguary and for this purpose should be given in the same way as directed for abdominal pain.

Like gelsemin it will frequently soothe a fretting baby, because very frequently the little complainer is suffering from some form of abdominal distress. The dose for children is like that of atropine, proportionately larger than that of the other alkaloids. Shaller's table of dosage is given below because the writer considers it the safest initial dose from which the individual dose may soon be reckoned. Infants from 1 to 3 months old require 1 granule dissolved in 24 teaspoonfuls of water, infants from 3 to 6 months old require 2 granules dissolved in 24 teaspoonfuls of water. Infants from 6 to 9 months old require 3 granules dissolved in 24 teaspoonfuls of water, infants from 9 to 12 months old require 4 granules dissolved in 24 teaspoonfuls of water. A child of 2 years requires 6 granules dissolved in 24 teaspoonfuls of water. A child of 4 years requires 10 granules dissolved in 24 teaspoonfuls of water. Children twelve years old and upwards and for adults one granule. Adults may take one granule every 15 minutes but for children every ½ to 1 hour will usually suffice.

HYOSCINE.

Hyoscine—of this alkaloid only the hydrobromate salt is used in medicine. It is the companion alkaloid of hyoscyamine in hyoscayamus niger. Standard granule gr. 1-1000.

Hyoscine hydrobromate is very similar in physiologic action to hyos-

cyamine but has much less of the atropine effect. My experience with it convinces me that it is much more hypnotic. It has a great calmative influence over nerve excitation and is a very useful drug in maniacal excitement. With these few exceptions the indications for hyoscyamine may be taken as applying equally as to hyoscine hydrobromate.

IRON ARSENIATE.

Of this remedy there are two granules made, the one containing gr. 1-67 the other gr. 1-6. The arseniate is the best inorganic preparation of iron to administer for anaemia.

As an all around blood and tissue builder iron arseniate gr. 1-6 No. 2, nuclein tablets No. 1, strychnine arsenite gr. 1-30, No. 1, together in capsule 4 to 6 times daily has done much good service.

The general indications for iron are so well known that it will be passed by with this brief reference.

(To be continued.)

PURULENT OTITIS MEDIA.

By J. A. Pratt, M. D., Aurora, Ill.

Some time ago I read in your valuable Recorder, a question asking for the treatment of otitis media. In this short paper I will simply explain one mode of treatment that has proven very satisfactory in my hands. The symptoms and conditions are so different in the individual cases that the treatment depends a great deal on the judgment of the attending physician. In acute cases, where paracentesis has been performed, or they are seen soon after the rupture of the membrane, an antiseptic douche should be given and then only the dry swab and packing used. The packing insures perfect drainage for the suppurating cavity. Care should always be taken to render the swab antiseptic. After some years of work with powders, wet dressing, douching etc., I have found that the above simple treatment is the most satisfactory in the acute cases.

It is not in the acute cases that we have our trouble, but when the old, chronic case, that has been the rounds, is ushered in, we must have something new or find the cause of the failure of the past treatment, or it will continue on its rounds.

After a thorough cleaning with a disinfectant douche we should inspect for diagnosis. The frequent instillation of a 50 per cent. solution of a 3 per cent. pyrozone, and if pain does not follow, the full strength of the 3 per cent. pyrozone can be used. I dilute the pyrozone with a saturated solution of boric acid. After thoroughly drying the ear a 50 per cent. solution of alcohol is instilled and then the ear is dried, being particular to dry it completely. The external canal and that part of the middle ear that can be reached by partial absence of the drum, is now tightly packed with either cotton or gauze. The packing should not cause pain or discomfort. I use cotton as it is easy to work with and absorbs so readily; especially Johnson & Johnson's.

In packing make a small roll of cotton about three inches long, then, using a good light, pack the open middle ear, and gradually fill the canal for about three-fourths of its length. The long, slender forceps, without teeth, is more satisfactory for this purpose.

The packing is removed and treatment carried out, except the douching, every day until the cotton packing shows no pus, and then less frequently according to the case.

If there is no improvement after the foregoing treatment has been used for a few weeks, and any existing polypi or other cause removed, it is

quite sure that the case is one for surgical treatment, as there is undoubtedly carious bone present, and the case cannot be cured until it has been removed.

When the odor disappears from the pus, it is a sign that there is an improvement in the case.

"Authorities have found that micrococci and bacilli were always associated in fetid secretions, while in non-fetid secretions only micrococci were present. Poliver determined by culture and inoculation that the bacilli present in foul discharges were not pathogenic, but possessed saprophytic propensities only, while inocuulation with the micrococci produces speedily fatal sepsis. Gruber states that this conclusion demonstrates that the offensiveness of a discharge from the ear, is no criterion of the dangers to be apprehended by it."—Archives of Otology, February 1, 1898.

While this is true, we must remember that we have the foul discharge present when the bone is diseased, and, as we have stated, the absence of odor is a good sign in the recovery.

When we pack the external auditory canal and also as much of the middle ear cavity as possible, when the drum has been destroyed, we relieve by the capillary power of the absorbing cotton or gauze, small cavities filled with pus, that cannot be reached in any other way. We know by keeping any suppurating cavity or sore free from pus, that nature tends to heal it very rapidly, and the best method used to keep the suppurating surfaces in the ear free from pus and in a dry state, is the method that will cure the case if caries have not taken place. Dry powder used to be in vogue for this purpose, but in the cotton and gauze we have something that is more powerful in its capillary attraction, is nice to handle, and can be easilly removed without the use of the ear douch. The best remedies are not as complex as we would think.

It would be safe to say that every case of chronic purulent otitis media is curable. If not by medical methods certainly by surgical. We are past the age when we allow people to outgrow their diseased conditions, especially this form. We have no more dangerous disease to combat than a suppurating ear, and yet every day we hear a patient say that the family physician advised to let it alone as the child would outgrow it.

PHYSICAL EXAMINATION IN DISEASES OF THE STOMACH.

By J. K. Schreiner, M. D., Westby, Wisconsin.

Physical examination in diseases of the stomach, seeks to determine the position and size of the organ and the presence of tumors. Tenderness is only exceptionally of importance.

Inspection, in some cases, furnishes valuable information, especially in thin subjects, when the outline of an enlarged and distended stomach or a tumor can be seen through the abdominal wall. At times the peristaltic waves can also be seen plainly in dilatation.

The attempt to inspect through special endoscopes or through the abdominal wall, after the patient has swallowed an electric lamp have not so far furnished any information that could not be had easier and surer in other ways.

Palpation of abdomen should be practiced first in dorsal decubitus with shoulders slightly raised and legs flexed. The intestinal canal should preferably be fairly empty. By increasing the pressure of the palpating hand gradually by using the fingers extended, or nearly so, by having the patient breathe with open mouth, and detracting his, or oftener her, atten-

tion as much as possible from the examination, we should endeavor to get the abdominal muscles relaxed, and if we do not succeed by the above mentioned means, we should resort to chloroform in doubtful cases. Frequently additional information may be obtained by changing the patient's position to side or knee-elbow.

To map out the stomach by percussion is under usual conditions difficult or impossible. Sometimes the lower border can be made out by the dullness found in erect position after the patient drinks one or two glasses of water, but it is much easier and surer to distend the stomach by carbonic oxide or air. The first is usually to be preferred. The patient takes a teaspoonful each of sodium bicarbonate and tartaric acid in quick succession on an empty stomach.

If the stomach-tube has been introduced for some other purpose, air is inflated through a double bulb attachment. The stomach can now easily be demonstrated by percussion, if it is not plainly seen through the abdominal wall and any deviations in shape or size from the normal quickly perceived. If the distended stomach reaches the umbilicus, we consider it enlarged. Distending the stomach is a safe and not so very disagreeable procedure and frequently furnishes information, that could not be obtained in any other way. The splashing sounds heard when shaking he patient or tapping the abdomen, ive very uncertain results, as it is very difficult to determine their exact limits, and even if it were possible, they may be elicited also from the intestines.

In exceptional cases the whole stomach may form a palpable tumor, when shrunken from stricture of the cardia or from simple or malignant cirrhosis. It may then be felt as a firm ridge like tumor, but three-fifths of all gastric tumors are located in the pylorus, and if we exclude tumors of the cardia, which are never palpable, the tumors of the pylorus constitute more than two-thirds. The great majority of all stomach tumors again, are cancers and the question confronting us in most cases is: Can we find a tumor whose presence the other symptoms of the case lead us to suspect?

Gastric tumors are generally very movable and apparently changeable in size and form according to the distention of the organ. They do not as a rule follow the respiratory movements of the diaphragm except when very large or after having acquired adhesions, but they are always somewhat depressed on deep inspiration and sometimes then only palpable. Even if they made some respiratory movements they can often be recognized as belonging to the stomach by our ability to hold them back, when liver and spleen rise during expiration.

Sometimes during prolonged palpation it is possible to detect a change in consistence depending on contraction of the muscular layer and a passing of gas through the tumor, especially after inflating the stomach. This inflation will generally make a gastric tumor less distinct, but it is a great help in determining the location, as the tumor is seen or felt to change its position and prominence in connection with the change in the stomach, and it can be located inside the characteristic tympanitic zone. It may also be seen or felt that the tumor participates in the peristaltic movements of the stomach from left to right, while the opposite would be the case with the tumors of the colon. The differentiation here can also be made easier by filling the colon with water or air. A gastric tumor will be lifted by this procedure frequently up behind the liver.

By distending the stomach with gas and the colon with water the difference in percussion can be made

marked and utilized, and finally the presence and predominence of gastric or intestinal symptoms may help to determine the diagnosis.

Liver tumors are differentiated by their movement with respiration, their nodosities, early appearance of icterus and ascites, but mainly by the possibility of dragging gastric tumors away from the liver and finding a tympanitic zone between the tumor and the liver.

Percussion of the tumor itself is less reliable, as liver tumors may give tympanitic sound from super-imposed intestines or if thin, from the intestines underneath, and stomach tumors may give nearly dull percussion.

Tumors of the gall bladder are frequently characterized by the pear shape, by the impossibility to reach and distinctly map out the upper surface of the tumor, and by their special symptoms.

Tumors of the pancreas may be recognized by their immobility, deep location and the early appearance of icterus, ascites and cachexia. Fatty stools and glycosuria are characteristic, if present, but not constant.

Tumors of the omentum are often large and nodulated, sometimes accompanied by periodic attacks of sharp pains.

Differentiation from splenic tumors is seldom necessary, as tumors in the part of the stomach adjacent to the spleen are rare. The dullness in splenic tumors can be demonstrated to reach up under the ribs and they are as a rule more movable than large gastric tumors with which they could be confounded.

Stomach tumors frequently present distinct pulsation from the underlying aorta but can generally be differentiated from aneurism by the lessening of pulsation in the knee-elbow-position, the absence of side expansion and aneurysmatic sounds.

Tumors of the abdominal wall are characterized by the direct influence, motions of the abdominal muscles have on them, best felt during a sharp expiratory contraction.

Phantom tumors depending on irregular contractions of the recti or muscular abdominal organs, are very variable and disappear in narcosis.

Tumors of the duodenum can practically never be differentiated from gastric tumors by physical examination.

If a tumor has been found and located in the stomach it will be considered a cancer till the opposite is proved or made probable, and then as in all other cases the history and the conditon of the patient, the chemical examination of gastric contents and microscopical examination in those exceptional cases, where the stomach sends up samples of a tumor it contains, must help to decide the diagnosis.

But with all the points in differential diagnosis even after repeated and careful examinations, there will be many cases where the diagnosis can only be made after the abdomen has been opened and some few, where it cannot be made even then, if the patient is alive.

THE NERVOUS SYSTEM.

By George Fox, M. D., Janesville, Wis.

The nervous system includes those portions of the animal economy which are engaged in the elaboration, reception and conduction of nerve force. This great system is subdivided into other two, the cerebro-spinal and the sympathetic. The cerebro-spinal embraces the brain, spinal cord and those nerve fibres given out from and connected directly with them. The sympathetic system embraces the ganglia and nerve fibres which do not belong to the former and are found outside of the cranium and vertebral column. This is, so to speak, the great controller of organic life. This system is

composed of a great number of ganglia connected together by very delicate bundles of nerve fibres, which are distributed to the bloodvessel system and to the viscera. There are two chains of these ganglia, one on either side of the spinal column, connected together and connected with it by short communicating branches. In a similar way they are connected with the brain. Without such connection, destruction of tissue in any part of the body might go on to its completeness without any real subjective knowledge. Yet this ganglionic structure, although being the one we as physicians have most to deal with, seems to be the one we know the least about.

Of recent years both the brain and spinal cord proper, as regards their functions, have been made comparatively clear. If, for instance, one cannot use words of his once familiar language, yet we know what particular part of brain matter has ceased to perform the duties of its office. So if a limb, or any part of one's movements, is impaired or ceases entirely we know, generally, what portion of the cerebro-spinal system needs assistance. Whereas if a patient come to us suffering from what he calls (and we don't gainsay) a sick headache, we are at a very great loss to know what is the pathology, for surely we must admit that some part of the human machine is failing to work properly, if at all, and because we say there is no pathology it does not make it so.

We all admit that in the absence of the ganglionic system acting its peculiar and wonderful part, like could not beget like. How many times have we as physicians been consulted regarding the possibility of pregnancy in a wife, who declared that notwithstanding the fact of having real love and honor for her husband, cohabitation was not only void of pleasure but repulsive to her. Nevertheless I have seen a mother of four children who submitted to a husband's embraces from duty alone, not mutual passion. In such case the cerebro-spinal system is, to say the least, passive, while the ganglionic or that which governs the act of every cell, that which permits exosmosis or endosmosis from nucleus to embryo and is in her normal activity and having performed her duty for two hundred and seventy days has, as it were, telegraphed the consummation of the work done and asks assistance from the motor portion of the spinal cord to aid in the expulsion of a living, breathing organism. After this temporary aid a very wonderful change takes place in the organ from which this perfected being has just been expelled, and all the change is brought about through the ganglionic nerve system, the cerebro-spinal being entirely unconscious of the phenomena.

Now while the subject of infancy is in mind pardon a seeming digression. In the lower animal creation, the cow for instance, if left entirely to select her own food and care for her own offspring, we never see a case of inanition. The calf is sleek, healthy and growing all the time. It does not partake of mixed diet until some months old and ceases entirely from taking milk when the organs are prepared to digest food of other sort.

The solar plexus, the largest plexus of the sympathetic system, lying beneath and in front of the aortic opening of the diaphragm and surrounding coeliac axis and superior mesenteric artery at its origin is the plexus, or the principal one controlling in physiological sense the entire abdominal cavity. Through it all ingesta is permitted to enter the chyliferous glands or prevented; if unfit for nourishment to any organ it, owing to said plexus, must either pass off as waste matter without producing any effect unless perhaps irritation.

(To be continued.)

ASTHMA.

By J. P. Thorne, M. D., Janesville, Wis.
Attending Physician at the Palmer Memorial Hospital

In asthma there is a lack of physiological equilibrium of the nervous system. A majority of cases are due to some irritation of the vagus nerve, either its trunk or terminations. Holding these views in mind, asthma can be understood and treated rationally.

The places where the vagus is most frequently irritated, are its ramifications in the respiratory tract and in the gastro-intestinal region. Irritation in the respiratory tract is more frequent and the nasal regions are the oftenest the seat of the irritation in the respiratory passages.

In treating asthma we should carefully study each individual case and not apply a routine treatment to all cases. Irritation should be sought for along the whole course of the vagus nerve; this irritation may be in the nose, throat, bronchi, stomach, intestines, or the heart may press on the nerve, etc. When we have located such a condition we have made a start toward curing the patient.

Those practicing rhinology find the nose a frequent source of asthma; polypi and hypertrophied turbinates being the commonest causes. I have found quite a percentage of cases can be cured by removing these pathological formations, but I have found many more that were not cured, but were greatly relieved, the paroxysms being less frequent and less severe.

I have seen patients suffering with asthma who had tried treatments and climates without relief, who had pathological growth in the nose, and when these were removed a marked improvement or a cure was affected. I have had many cures by putting the nose in normal condition, but not the large per centage of cures that some claim. As the result of my observations I hold the opinion that a large per cent. of asthma cases can be greatly relieved but not cured, and that a smaller per centage are entirely cured by putting the nasal pasages in a normal condition.

After removing such local causes of asthma, the general condition of the patient should be investigated. Any dyscrasia should be attended to and elimination be made as perfect as possible. It is necessary to establish the nervous equilibrium, and two leading remedies for this are arsenic and strychnine; and I prefer them combined in the form of strychnine arseniate. This remedy used continuously and in full doses between the paroxysms will do much toward effecting a cure in many cases.

Potassium iodide justly has a reputation in treating asthma, but its irritant effects on the stomach often inhibits its beneficial action. The iodide which I prefer is calcium iodide, not the white iodide of the pharmacopeia, but the dark iodide of lime, which is tonic and alterative. I have had an extended experience wtth iodide of lime, and I have found it a very valuable remedy in many different conditions. In order to get the best results it should be properly made and not over two months old. I use the tablets made by Billings, Clapp & Co., of Boston, which are always reliable.

For the relief of the paroxysms lobelia or its alkaloidal preparation, lobelin, and hyoscyamine are valuable. Hyoscyamine every fifteen minutes will give relief by inhibiting the constrictor fibers of the vagus. Grindelia robusta, either alone or in compounds is also a valuable remedy in relieving the paroxysms of the disease.

We want to cure and relieve onr asthma cases by making a careful study of each. Remove as far as possible all local irritation and restore the nervous equilibrium, and the results will assure us that this distressing and sometimes intractable disease can frequently be subdued.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

COMMENTS ON SEPTEMBER RECORDER.

Among the original articles that grace the first pages of the Recorder is a very interesting and no less valuable contribution on Empyema, giving two cases from practice, by Dr. Shelden, which are very ably discussed. Those are obscure cases, not always fully diagnosed by many. I don't have very much to say on the subject as I never had a case. Dr. Shelden certainly understood his symptoms, promptly diagnosed the case, and practically treated it. Empyema is far from recognized properly, as it should be by many practitioners, and I believe is often overlooked through carelessness or ignorance. One thing more about Dr. Shelden's article that makes it worth reading, is that it describes things minutely and exactly, also very plainly, and that is what we want.

That good-natured, hustling giant alkaloidal war horse, and busy editor of the Alkaloidal Clinic, gives us time enough to hear an echo from his busy brain via the "Windy City," Welcome Dr. Abbott, we know when you speak it is worth listening to. Your article entitled "The Importance of Cathartics in the Treatment of Muco Enteritis," pinches many an M. D's. foot who is asleep on the importance of catharis in those ailments. Doctor, you scored a point when you wrote down those lines; so many doctors seem to think the whole object is solely to check the muco enteritis, never giving a cathartic to remove the cause, and wonder why their patients dont get along better. Doctor, you are the fault, not the patient. If Dr. A's pen point punches you in the short ribs of ignorance and finds you asleep, wake up, shake yourself free from the dust of the rut you are in, and use a cathartic and alkaloidal treatment in your next case of muco ententis. Dr. A. we hope your time will allow you to drop in again and see if any of us are napping.

The ninth paper on Alkaloidal Therapeutics, by Dr. Blesh, begins with that powerful medicant glonoin that bears an important relation to the heart. Truly, it is "one of the most potent and indispensable of our arms of precision," and to be without it robs you of one of the keenest weapons you have. With it you have a Vesuvius that hurls dynamite at the door of heart failures, and makes an impression. How speedy its action too. The idea that "excessive anaema of any part is capable of producing pain at that locality," is not so widely known as Dr. Blesh would think. Is it due to the lowered vitality and irritated nerves? I suppose it is the cause, Dr. Blesh. That is a valuable fact to remember always, "that in cases of convalesence, and heart is feeble, due to exhausting disease, and heart failure is imminent—and digestion would be too slow, glonoin and atropine make an excellent combination that will hold your patients while you are securing the more permanent effects of digitalin and strychnine." I certainly learned some valuable hints from Dr. Blesh's dissertation on glonoin, and no one can read it and waste time.

Hydrastin is less known to therapy than glonoin. The five points cited by Dr. Blesh to bear in mind when having uterine haemorrhage to con-

tend with, are excellent, and should be memorized in such a way as not to be forgotten in case of emergency.

"Constipation," by Dr. J. J. L. Doherty, is a subject familiar to all, but how to treat it scientifically and with good common sense is not understood by all. To get at the cause is the first thing, and remove it if possible, and treat it correctly. For constipation alone I find Waugh's anti-constipation granules to meet the requirements and do excellent work.

Dr. J. A. Pratt gives the elaborate treatment of iritis in the fourth paper, and just what to do to meet symptoms. The constitutional conditions are ignored in nine cases out of ten, but the physician who understands his business as he should, will not be so dumb as to forget them in his eye cases. If there is any thing at all valuable in the September Recorder it is Dr. Pratt's article on iritis treatment, and it is only one of the good things in this number. The doctor has taken special pains with his paper to give us the cream and extra value that will help us. I like the boro-acetamlid-glycerine mixture in all eye inflammations, and use it with great success along with atropine when indicated. I count Dr. Pratt one of our most valuable contributors.

"Echinacea Augustifolia," by Dr. Schmitz, is an interesting article. It has received loud praises of late, as an antidote in blood impurities. I have only recently commenced to use it, and have found it very good. Some wonderful results are reported in the Big Four Medical Journal, of Kansas City.

"Chips of Thought" are worth studying, and contain some interesting facts on strange subjects.

The editor's comments on Dr. Pratt's articles are timely and well said. We must observe the details to succeed well.

Peace comes in well after the victorious contest. We all await anxiously the decision of the peace commission now in session at Paris. We hope the Philippine Islands do not go back to Spain's despotic clutches. It would not be right.

Antitoxin Patent is something that needs criticism, as it is wrong.

"Items of Interest," contain some nuggets of thought worth underlining. I am glad Dr. Thorne gives some space to reports on zymotoid.

Dr. Thorne speaks for certain articles which have merit that are not advertised to the public.

S. D. Sour, M. D.,
Princeton, Minn.

TWO CASES OF STRYCHNINE POISONING.

While these two cases were from the canine family, the success of the mode of treatment may be of help, or possibly open a new avenue of thought.

The first case was of a neighbor's pug that had made himself so disagreeable to the passerby that some one decided to relieve him of his own ownership. The dog was supposed to have taken the poison about 11 A. M. During the afternoon he was seen to be weak and nervous, and by 5:30 P. M. he was unable to walk, was partly stiff, and having slight spasms. At that time I gave him hypodermically ⅛ gr. of apomorphine hydrochlorate, which thoroughly emptied his stomach, then after a few moments I injected one grain of morphine. This relieved the retching and spasms in a short time. At 9:00 P. M. I repeated the dose of morphine. Thirty-six hours after taking the poison he was entirely well.

About two weeks later our little pet, a black tan, took poison that was undoubtedly intended for the pug. One and one-half hour later he was in

spasms and unable to walk. The same treatment was given excepting that only 1¼ grains of morphine were given. He had slight convulsions for two hours. He was entirely well at the end of thirty-six hours. The effects of the poison in both cases seemed to be gone in about two hours, which was followed by coma from morphine.

We know that from two to four grains of morphine can be given hypodermically to a dog without causing death, but it is followed by deep coma.

I have been unable to find where morphine is recommended for strychnine poisoning. Whether morphine is a physiological antidote remains to be seen, and may be brought out in the positive or negative by this report.

I have never had a case of strychnine poisoning in the homo, but if it should happen, I would be tempted to try the above treatment in a modified form.

J. A. PRATT, M. D.
Aurora, Ill.

CHIPS OF THOUGHT.

There is no contradiction if we say that that power is subject to strict laws and bring in "the maybe" influence of spirits of higher order, no more than there would be if a chemist reduces morphine or apomorphine of the same plant, its laws remain the same. After all to us, are only cognisant the visible and comprehensible laws of nature, not a higher order of the same. A doubt in this matter is apt to lead to mistakes; either superstition or infidelity. Superstition is like the child, unexperienced, full of astonishment it does not know—unbelief is like the overbearing youth, who has seen all and knows all—except his own ignorance. Animal magnetism is but electricity in its natural modes working the life of the animal. Query: Did you ever measure electricity in a thrifty, growing tree, attaching one wire to the wood and one to the top limb, both connected with a good working electroscope, observing the rising and falling of the negative and positive poles?

If a human body is lacking electricity, please try to assist nature, not with a street car current, but act gently with the patient.

F. A. BECKEL, M. D.
Sheboygan, Wis.

RENOVATION.

Dear Recorder: Don't you think that our government should offer a good premium for the best method of human renovation by disinfection? If disease symptoms are made manifest by accumulated poisonous, obstructive, irritating matter and it is found that coercion cannot be secured by drugging the stomach, had we not better resort to its expulsion, if a luxurious method can be invented for safely doing it for nature's reconstructive cure? In behalf of a diseased people I plead for your opinion of this inquiry expressed in your publication.

DR. T. F. CONANT,
Skowhegan, Me.

Physicians who use imperial granum in their practice find that it has a wide and useful range of application. One M. D. writes: "I have just had an opportunity of seeing the wonderful value of imperial granum in milk infection. I ordered the baby to be fed on imperial granum, prepared with pure water only, increasing by one teaspoonful the quantity of imperial granum directed to be used when prepared with milk. An immediate improvement and most satisfactory recovery of the case was the result."

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers, Janesville, Wis.

FLIES.

The important part that flies take in the spread of disease has been forcibly demonstrated in the late war. The reports are, that flies had much to do with the spread of typhoid fever in all the army camps.

At Chickamauga open vaults were scattered throughout the camp and were daily used by the soldiers. The filth in these vaults was teeming with typhoid germs; the flies waded through and picked up a good supply and then at meal times flocked around the soldiers and deposited their collection on the food. At the Jacksonville camp open tubs were used and these also were constantly visited by the flies. Thus it can be easily seen that a few typhoid cases could rapidly spread the infection by means of the flies throughout the camp.

This teaches that in the future the vaults and all places containing fecal matter or any other sewage should be kept covered, so that flies cannot readily enter and then, a dark place is never attractive to flies. Some of the cheap disinfectants could also be easily used in such places. Simple measures like this would do much to prevent army epidemics.

Along this line of thought is a monograph by the French authority, Dr. P. R. Joly which is given in abstract in the Times and Register. Dr. Joly notes instances of malignant pustule, Egyptian ophthalmia and Delhi boil conveyed by flies. He has also found as the result of careful observation that the legs of flies may be covered by staphylococci and many other forms of bacteria. Tubercle is particularly liable to be disseminated by flies; thus they come in contact with sputa and other means whereby tubercle bacilli discharged from the body the patient, becomes ingested. The insects then alight on food and deposit the tubercle bacilli, and thus easily contaminate milk, meat and other substances. The author quotes Yersin as having noticed that the bodies of dead flies collected in his laboratory often contained numbers of the plague bacillus. The influence of various insects in carrying the filaria sanguinis is well known. The writer shows the importance of warding off flies as far as possible, especially in cases of diseases mentioned. He suggests a solution of formal as of considerable use for this purpose.

POST-GRADUATE INSTRUCTION.

All departments of medicine and surgery have been marked by great advancement during the last decade. The successful practitioner of to-day must keep up with the professional progress and to do this requires study, reading and post-graduate instruction. Every physician needs a good supply of medical journals and from time to time new books; also, at the present age, an occasional post-graduate course.

We have had the pleasure of visiting several of the post-graduate colleges of this country recently and were impressed with the value of instruction given. We wish at this time to especially speak of the New York School of Clinical Medicine. This school is conducted on the plan of the European institutions for post-graduate instruction and a course at the school is next to a course abroad, with the advantage of the instruction being in English.

The faculty is composed of men of international reputation, who are all able clinical instructors. Each professor takes only a limited number of students in his class at a time and never more than can receive personal instruction and do actual work. The students at this school do not attend didactic lectures, any physician can get plenty of these in his literature, but the time is devoted to the practical work. Students have abundant opportunity to do all kinds of work under the guidance of the professors.

The school has an abundance of clinical material to demonstrate the teachings of the professors. Many of the professors have recently been in Europe and present the latest ideas not only of this country but of the world. The student learns the actual use of all instruments in the various departments.

The operative work on the cadaver is a valuable feature in the courses at this school. All the operations of general and special surgery, intubation, etc, are performed by the students on the cadaver, the eye and the ear operative courses being especially fine.

The school is in a flourishing condition because it gives just the kind of a course desired by the practical physician. Those who have taken one course feel that they want to return again and take more post graduate work in the future.

PATENT MEDICINE SAMPLES.

We have often noticed the indiscriminate scattering of patent medicine samples, and have been impressed with the danger of the practice. Many cathartic and anti-constipation pills advertised extensively to the public, contain nux vomica or strychnine. Such pills are thrown where children often find them and take them, and sometimes serious consequences follow. We have known of several fatal cases resulting from this dangerous custom. We think there are few pharmacists who would scatter samples in a careless and dangerous manner if they thought or realized the serious outcome of it. We are pleased to note the position taken by a correspondent of Merck's Report, a leading pharmaceutical journal. This writer, J. W. Beckwith, of New York, says in a late issue:

On June 18, 1898, there appeared in a daily paper these headlines:

"Children Poisoned by Pills—Took Medicine Samples Given Outside Rivingtod Street School—One Crazed in Hospital, Another Seriously Ill."

How is it that such a practice as alluded to is permitted? Why are men dealing in medicines (?) allowed unhindered to endanger the health, and even the lives of others? Do they advertise in the papers and give out samples for the welfare of humanity?

I hold that every state should have a department of medicine, comprehending physicians, pharmacists, and nurses, and run by the people and for their welfare, on the same principle as our postal system. There should also be a research committee to investigate all new remedies, and not allow any of them to be used until sanctioned by the department. There would then be no danger of children being poisoned by samples of patent medicines, and there would be some in-

centive for pharmacists to endeavor to attain the qualifications you so justly set forth in the June 15 issue.

As you say, "It is only after we have had some experience with new and safer conditions, that we are at all able to realize the actual dangers which attend the old;" and to this I would add "and benefits that attend the new."

FORMALDEHYDE.

In the January number we spoke at some length of the value of formaldehyde. Reports since then continue to show its great field of usefulness as a preservative, reagent, disinfectant and antiseptic. The manufacturing pharmacists, appreciating its antiseptic powers, are nearly all placing antiseptic solutions on the market, containing some per cent. of formaldehyde. As a general antiseptic it is of undoubted efficiency, but it should never be used in too strong solution as it acts as an irritant if too strong.

As a chemical reagent it is finding a useful field. Recently it has been found a good test for bile pigments. A few drops of formaldehyde boiled with the urine give a fine green, which turns to amethyst on the addition of hydro-chloric acid, which reaction is due to bile pigments. Chloroform takes up the violet color, which, if the original pigment was biliverdin, gives two absorption bands in green. This is a reliable and delicate test.

There are many formaldehyde preparations on the market of varying degrees of value and purity. Merck's formaldehyde is one of the purest preparations.

A new preparation is formalyde, which has the prospect of being a leading formaldehyde preparation. It is the purest formaldehyde, in crystalline form. It is useful as a therapeutic agent in diseases of the respiratory tract, as it can be made to take its gaseous form slowly, thus avoiding the irritation. Formalyde is also prepared in powdered form and in combination with other antiseptic powders can be used as a general antiseptic preparation. We shall see these preparations continue to grow in value and use, as they have merits which assure us of their permanent place in therapeutics.

ECHINACEA.

Last month in our original articles some of the claims of echinacea were presented. As many of our readers are interested in this drug and some wish still more information on the subject, we present the following from an article by Dr. G. D. Walker in the American Medical Journal:

This is one of our new remedies, and we might say is purely an eclectic remedy, having been in general use by the eclectics for only the past few years. But its efficacy as a remedial agent has been so thoroughly tested and so favorably reported on by our leading brethren from all over the land and country, that now no well-informed and up-to-date eclectic is without some preparation of the drug upon his medicine shelf. And not only eclectics are using the remedy, but we can occasionally see an article in some regular journal where some of the more liberal regulars have condescended to prescribe the remedy, and have reported favorably upon the results obtained.

The preparation of the drug which I prefer and use is Lloyd's specific tincture.

The dose will vary from one or two drops to one drachm—well diluted with water or simple syrup—according to the urgency of the case and the severity of the symptoms.

As to the therapeutic indications for the administration of this remedy, we do

not claim to be authority, nor do we claim originality in this line; but will only give our clinical experience from a common, everyday practical standpoint based upon the theories and practical knowledge of others. We do not expect to be able to advance anything new, but hope that our observation and experience with this remedy will coincide with that of others.

The therapeutic indications for echinacea, taken in its broadest sense, is an alternative and stimulating antiseptic of great power. Then, of course, the diseased conditions in which it will be indicated will suggest themselves.

The diseases in which I have prescribed the remedy more than any other are those of a zmotic nature. In typhoid fever, or any fever having a typhoid tendency, associated with other indicated remedies it has no equal. In diphtheria, scarlet fever, measles, or any of the acute eruptive diseases, or in any condition where there is a rapid breaking down of the tissues, I believe it will prove a typical remedy.

In puerperal septicemia I believe that I have obtained greater satisfaction from the administration of echinacea than from any other remedy, or in any other condition or disease. I have not only obtained an alterative antiseptic action in this condition, but have witnessed a decided sedative influence as well. I have never prescribed the remedy locally, but should I have occasion to I would give it a trial.

Nor have I tested its merits in the more chronic constitutional diseases, but I believe we would be fully repaid should we give it a trial in syphilis, scrofula, and such diseases.

An epidemic of diphtheria prevails among the children of one school in Scranton, Pa. At this writing twenty-five deaths have been reported. It was caused by defective work in the construction of the building so that sewer gas was thrown into the room through the cold air duct. The matter will be thoroughly investigated and the guilty ones prosecuted for criminal negligence.

Dr. F. E. Waxham has engaged in practice again in Chicago, after a residence of several years at Denver. He will hold the chair of throat and lung diseases in the Chicago Clinical School. This school has been very successful and has come to occupy a prominent place as a post graduate institution in Chicago. Dr. Waxham will be a valuable addition to the faculty.

The Southwestern Progressive Medical Journal says "The Wisconsin Medical Recorder is a worthy journal with a bright future." The Southwestern is an original, practical journal; the kind that the busy practitioner likes.

Gelanthum is a mixture of gelatin and tragacanth, and is a good vehicle for dermal remedies. It takes up many soluble drugs and holds insolubles nicely in suspension.

When a pure malt is wanted, maltzyme is the preparation to use. Maltzyme and its combinations are all properly made and do just what is expected of them.

Irisol is an odorless antiseptic which gives the best of results in all cases where iodoform is indicated. Irisol makes the use of iodoform unnecessary.

All of our readers who fit glasses should should send to the Johnston Optical Co., Detroit, Mich., for the new Johnston Supplement.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

A pen without a superior is the Badger fountain pen.

Iron alginate is useful in anemia and chlorosis, and instead of irritating the stomach it is sedative.

Spirits of nitrous ether is recommended by several observers recently, for rhus tox poisoning.

Jones & Co., Niagara Falls, N. Y., offer to physicians a number of useful appliances, which are worthy of investigation.

Metrorrhagia occuring in a woman past the menopause, whether she be multipara or nullipara, is nearly always pathognomonic of carcinoma.

Bovinine is a remedy which gives good results in anemia. The following is one of many cases which have been treated successfully with it. This is the report of a case at South View Hospital, Stamford, Conn.:

Jennie M——, Stamford; age 30; first seen January 28, 1898. Anemia and general malnutrition; blood profoundly lowered in quality, and all the symptoms of a well defined case, such as pale gums, waxy complexion, loss of flesh, and general functional disturbance. Patient suffered nightly with agonizing neuralgia. Her digestion was so upset, that I put her on only twenty drops of bovinine hourly, in iced lime water to correct acidity. This was well retained, but did not satisfy hunger. On the 21st gave a rectal injection of eight ounces; three of bovinine and five of milk. This was retained, and the night passed without the neuralgia, so that she awoke greatly refreshed and improved. A drachm of bovinine in milk and lime water was now given every two hours, and was retained, with a slight gaseous disturbance, and an enema of two ounces of bovinine and four of milk at night, which was retained, and this night also passed without the neuralgia. This treatment was continued to February 16th, when improvement was so far advanced that the rectal injection was discontinued, and a tablespoonful of bovinine in old port wine alternated with milk was comfortably taken per mouth every three hours, until the 18th, when the bovinine was again increased to a wineglassful in milk every three hours, and so taken until the 19th. At this time, microscopical examination of the blood showed very little shortage of red cells and haemaglobin, and externally the patient presented every appearance of restored health. On the 20th the cure was pronounced complete and case discharged.

Dr. William C. Krauss, of Buffalo, read a paper at the 92d annual meeting of the Medical Society of the State of New York, entitled "Some Observations on Brain Anatomy and Brain Tumors." The following abstract of the paper has been furnished the Recorder:

He called attention, (1) to the difficulty in remembering the gross anatomy of the brain, and (2) to the almost universal presence of optic neuritis in cases

of brain tumor. He attempted to overcome the difficulty in regard to the anatomy of the brain by formulating the following rules, which are somewhat unique and original, and at the same time easily remembered:

Rule of two: 1. The nerve centers are divided into two great divisions, (1) encephalon, (2) myelon. 2. The encephalon is divided into two subdivisions. (1) cerebrum, (2) cerebellum. 3. The cerebrum, cerebellum and myelon are divided into two hemispheres each, (1) right, (2) left. 4. The encephalon is indented by two great fissures, (1) longitudinal, (2) transverse. 5. Into these two great fissures dip two folds of the dura, (1) falx cerebri, (2) tentorium cerebelli. 6. There are two varieties of brain matter, (1) white, (2) gray.

Rule of three: 1. There are three layers of membranes surrounding the brain, (1) dura, (2) arachnoid, (3) pia. 2. Each hemisphere is indented by three major fissures, (1) sylvan, (2) rolandic or central, (3) parieto-occipital. 3. Three lobes, frontal, temporal and occipital, on their convex surface are divided into three convolutions each, superior, middle and inferior, or 1st, 2d, and 3d. 4. There are three pairs of basal ganglia, (1) striata, (2) thalami. (3) quadrigemina 5. The hemispheres of the brain are connected by three commissures, (1) anterior (2) media, (3) post commissure. 6. The cerebellum consists of three portions, (1) right, (2) left hemisphere, (3) vermes. 7. There are three pairs of cerebellar peduncles, (1) superior, (2) middle, (3) inferior. 8. The number of pairs of cranial nerves, in the classifications of Willis and Sommering, can be determined by adding 3 to the number of letters in each name; that of Willis making 9, and that of Sommering making 12, (or the name containing the most letters has the larger number of pairs of nerves, and vice versa). 9. The cortex of the cerebellum is divided into three layers of cells, (1) granular, (2) Purkinje's cells, (3) a molecular layer.

Rule of five: 1. Each hemisphere is divided externally into five lobes of which four are visible, (1) frontal, (2) parietal, (3) temporal, (4) occipital, and one invisible, (5) insula, (Isle of Reil). Roughly speaking, the visible lobes correspond to the bones of the cranium: that is, the frontal lobe is underneath the frontal bone, the parietal lobe beneath the parietal bone, etc. 2. The brain contains five ventricles, of which four are visible—the right and left, or 1st and 2d, the 3d and 4th; and one invisible, the 5th or pseudo-ventricle. 3. The cortex of the brain contains 5 distinct layers of ganglion cells.

Studying carefully one hundred cases of brain tumor in which an ophthalmoscopic examination had been made for the presence or absence of choked disc (optic neuritis), Dr. Krauss announced the following conclusions:

1. Optic neuritis is present in about 90 per cent. of all cases of brain tumor.

2. It is more often present in cerebral than in cerebellar cases.

3. The location of the tumor exerts little influence over the appearance of the papillitis.

4. The size and nature of the tumor exerts but little influence over the production of the papillitis.

5. Tumors of slow growth are less inclined to be accompanied with optic neuritis than those of rapid growth,

6. It is probable that unilateral choked disc is indicative of disease in the hemisphere coresponding to the eye involved.

7. It is doubtful whether increased intracranial pressure is solely and alone responsible for the production of an optic neuritis in cases of brain tumor.

A young man of New York City recently died from haemorrhage resulting from the extraction of three teeth.

The use of dry hot air, as a therapeutic agent, is growing. The Betz hot air bath is an efficient method of applying it.

Noitol has given good results in the treatment of eczema by numerous practitioners. Our readers can obtain free samples if they mention the Recorder.

In the purchase of a medicine case, quality should always be considered. Everything sent out by the Western Leather Co. has material of the right quality.

The new Cornell University Medical College opened Oct. 4th, with an encouraging outlook. This school was the recipient recently of the magnificent gift of Col. Oliver H. Payne of $1,500,000. We trust that the school will maintain the high standard of instruction desired by its generous benefactor.

It is said that there is a dealer in second hand teeth in Chicago who does a thriving business. He buys all kinds of artificial teeth and sells them again to dentists, mostly those who makes plates at low prices. The patient who buys his artificial teeth at bargain counter prices may be wearing teeth from the morgue, from undertaker's establishments, etc. Cheap teeth sometimes have an interesting history back of them.

Havana has long been the breeding place of yellow fever but now that the United States has control of the city the conditions will be changed. Giving Havana a good system of sewerage will probably result in yellow fever being wiped out permanently in this country. As soon as Havana is in the possession of the American troops steps will be taken to improve the sanitary condition of the city. Colonel Waring and a corps of expert engineers are now in Cuba making investigations and surveys. For some time their efforts will be chiefly devoted to the construction of healthful camps for American soldiers, but as soon as possible the subject of Havana will be taken up. The importance of the work with reference to the health of the United States cannot be overestimated. Competent medical authorities have asserted that within the last hundred years smallpox and yellow fever, directly traceable to Havana, have caused more deaths and financial loss in the southern states than was caused by the civil war. The great difficulty in Havana is owing to the fact that the bay, into which all the refuse of the city is emptied, is not flushed naturally by the rise and fall of the tide, and, in consequence, it is filthy and almost stagnant. For many years it was thought that the proper solution of the difficulty was to pierce the peninsula which forms the western protection to the harbor with a canal, and in this way create in the bay a circulating current that would wash it out. Recent investigation by American engineers, however, have demonstrated that this method would not give the desired relief, and an entirely different plan is contemplated. It is now proposed to construct a large sewer from the city under the bay and thence to the sea by a tunnel under the eastern headland, between Morro Castle and Cabanas Fortress. The strong current which flows easterly will sweep the sewage into the open sea. Any attempt to drain the city by way of the western headland would result in carrying the the sewage back into the harbor.

The nebulizer you should have is the Eureka.

Lactophen is of use in insomnia of all kinds. In many cases of insomnia of the insane it gives natural sleep.

It is becoming a common fad for New York women to bleach their children's hair. This is a detrimental practice and should be stopped by law if it cannot be done otherwise.

The latest reports are that the now celebrated Rees triplets are still healthy and growing. Milkine has been their only food from birth and they have thrived on it. Free samples of this useful food are given to our readers.

Anazyme uterine tablets are unexcelled in the treatment of leucorrhea, vaginitis and pruritis. We know of many physicians who rely upon them for quick results in such cases. If you have never used them, send for a sample box, and you will be gratified by the results.

Dr. Kellogg's funis ring applicator continues to please the increasing number of obstetricians using it. It is used by men of authority all over the country. No physician practicing obstetrics should be without it. The doctor will send free samples of the elastic rings.

Dr. Phineas S. Conner, of Cincinnati, is the representative of the medical profession on the investigation committee of the war department. A brief resume of the life of this distinguished member of our profession is of interest. He was born at West Chester, Pa., August 23, 1839, and went to Cincinnati in 1844. He was a graduate of Dartmouth College in 1859. The doctor's service in the army extended from 1862 to 1866, and he was Assistant Surgeon and Brevet Major. He resigned his position on August 1, 1866, and since then has been in practice in Cincinnati. He is now, and has been for many years, professor of surgery in the Medical College of Ohio and in Dartmouth Medical College.

The preparations and articles advertised in the Recorder all have merit. We are fortunate in being able to present to our readers so many worthy advertisements. Any physician who will send for the free samples offered our readers will receive many valuable things.

Kryofine is an analgesic which is well spoken of by good authorities. As a hypnotic it has given especially good results. We suggest to our readers to send for a supply of free samples and give it a trial in practice. Kryofine is one of the coal tar derivatives which has decided merits.

The editor was recently in a New York drug store fifteen minutes and during that time the Ph. G. in charge diagnosed the cases and prepared prescriptions for several patients, including eye, stomach and kidney disorders. In the immediate neighborhood are competent physicians who write prescriptions and do no dispensing, to whom these patients should have been sent for careful examinations. It is this drug store practice which is causing many physicians to do their own dispensing. The pharmacists and pharmaceutical journals that are talking against dispensing by physicians would do more to stop it, if they would do something to stop pharmacists from practicing medicine.

Lycetol is a remedy which is giving good results in treating gouty cases.

The German Medical Society of New York is a flourishing medical society which holds regular meetings at the Academy of Medicine, New York City. The papers are all read in German and are of a high grade. Dr. W. Freundenthal, 1003 Madison Ave., is the president.

Dr. Benj. M. Griffith died at his home, at Springfield, Ill., Sept. 24, aged 61 years. He was a member of the State Board of Health for a number of years and was its president. He had also served as president of the Mississippi Valley Medical Society and the Illinois State Medical Society. He was a man of eminence in the medical profession.

Rhinolith—Dr. Wm. H. Poole, of Detroit, read an interesting paper on nasal calculus at a meeting of the Wayne County Medical Society, of which the following is a report:

Miss L. K., aged twenty-four years, from whose nose this was taken, consulted me January 1, 1898, regarding her nasal catarrh, with which she stated she had been afflicted ever since her childhood. Ten years ago she had been treated for about a year by one of the leading rhinologists of the city, receiving considerable benefit, but for the last two or three years she has had a rather profuse nasal discharge, thickened, and increasingly offensive in character, with obstruction to nasal respiration, loss of smell, nasal voice, and the other usual symptoms which we find in an aggravated case of chronic rhinitis. Lately she had suffered from headache, which was increasing in severity, and was also troubled with weeping of left eye. She had been using an atomizer for some years without getting any other relief than the keeping of the nose approximately clean. On making anterior and posterior rhinoscopic examination I found considerable hypertrophy of the turbinates of the left side, especially of the inferior turbinal.

I suggested an operation for the removal of the hypertrophied tissue of the lower turbinal, which was impinging on the floor of the nose. This was agreed upon and on Saturday, January 15th, I operated at 3 p. m. in the usual way, cocainizing the parts thoroughly and making a practically painless operation. Haemorrhage was not very profuse and was readily controlled at this time. The patient returned home. and soon after suffered from an attack of nervous sick headache, to which she was subject upon occasions of nervous strain. As usual, the headache ended with an attack of retching, after which straining the haemorrhage started in afresh and rather profusely. I tried again to control it with styptics and plugging the naris with absorbent cotton, but did not succeed in thoroughly arresting the flow of blood, and, as the patient was getting very weak, with the kind assistance of Dr. Suttie, I tamponed through the posterior naris with a sponge tent, which instantly stopped the haemorrhage. I then ordered her to be liberally supplied with beef extract, for the double purpose of nourishment and to increase the arterial tension. Sunday, the next day, she was doing nicely but was very weak; there was no recurrence of the haemorrhage, but I did not think it advisable to remove the tampon as she was to weak to bear it. Monday, January, 17th, the patient was a little stronger, but owing to debility I could only remove a part of the tampon from the anterior naris. The next two days I removed still more of the sponge anteriorly, in all about two thirds of it being removed up to this time, the patient still

being too weak to bear much manipulation. On Thursday morning, January 20th, I attempted to remove the remainder posteriorly, but found it so firmly fixed that it could not be dislodged except with extreme force under anaesthesia. I called in Dr. Chittick and anaesthetized the patient, when, with considerable difficulty, we removed the remainder of the sponge. After the patient recovered from the anaesthetic I cleansed the nasal cavity thoroughly with hydrozone, one part to twelve parts of lukewarm water, and she returned home rejoicing, the turbinal wound being in good condition, healing nicely.

Next morning she came to my office for treatment and stated that she had enjoyed perfect freedom in breathing through that nostril until about four o'clock in the morning, when, changing her position in bed, that side became suddenly obstructed. After cleansing the nostril, which was seemingly full of an offensive discharge, I discovered this body, which was attached at the posterior end on the outer side of the inferior meatus, lying as it were, in a groove or pocket. The anterior or loose end of it was sharp like a spiculum of bone, and black in color; it was freely movable about its long axis, so that you could pass a cotton holder around it and lift it from its bed. After cocainizing, I grasped it with a dressing forceps and, giving it a twist, removed it. I thoroughly cleansed and disinfected the cavity with hydrozone solution, which removed the odor and rendered the cavity wholesome. The next day the two smaller pieces were removed while cleansing and treating the nose. They were loose and seemed as though they had just scaled off from the bed where the larger piece had lain. The spraying of the nasal cavity with hydrozone, followed by the use of glycozone, constituted the treatment for the next four days, by which time the offensive odor had entirely disappeared, and the parts had assumed a healthy condition. This concretion formed on the outer side of the inferior meatus, and as it grew larger it obstructed the flow of tears through the nasolachrymal canal, as evidenced by the overflow of tears from the left eye, which condition ceased immediately after removal of the rhinolith.

The secondary haemorrhage was evidently due to a relaxation of the pressure on the vessels of the turbinate, owing to the calculus being disturbed in its position when the patient was retching. As to the exciting cause of the formation in the case of this young lady, I could get only a negative history, there being no recollection of any foreign object having been put up the nose in her childhood. Being desirous of ascertaining, if possible, what served as a nucleus, and at the same time of finding out the composition of the formation, I cut it in two. Microscopical examination reveals that it is composed of amorphous phosphates, undoubtedly the phosphates of calcium and sodium, which came from the tears. There has been a marked improvement in the young lady's condition since the removal of the rhinolith; overflowing of the tears in the left eye has ceased, nasal respiration has become perfect, her voice has lost the nasal twang, and her general health has improved rapidly, as indicated by the fact that she has gained in weight since the operation and is still improving.

The above has been published in the Medical Record and has aroused considerable interest. In our own experience we have found hydrozone especially valuable in both sepsis and haemorrhage of the nose. In rather severe haemorrhage pure hydrozone can be sprayed into the nose and will frequently stop it. The above article shows its antiseptic value in nasal work.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. I. JANESVILLE, WISCONSIN, NOVEMBER, 1898. NO. 11.

ORIGINAL ARTICLES.

COLD BY ICE-BAGS IN ACUTE ARTICULAR RHEUMATISM.

By C. E. Ide, M. D., Chicago, Ill.

My experience with this therapeutic procedure extends over the last three and a half years. It began in the spring of 1895, during my hospital service. There were in the medical wards several cases of acute articular rheumatism which did but poorly on the old line of treatment with salicylates. It seemed a pity that we should be so powerless in these cases and I gave them considerable special thought. The outcome of this was the conclusion that since the application of cold by ice in bags had produced excellent results in affections characterized by congestion and sharp, acute inflammation such as sthenic pneumonia, synovitis, appendicitis, acute gastritis, meningitis, suppurative amygdalitis, insolation, endocarditis, fractures, sprains, cystitis, phlebitis and iritis, it ought to do good in cases of "rheumatic fever." Then the subject was broached to the other physicians. They were doubtful concerning the utility of such a procedure. So slow are some men to depart from old ruts! The routine treatment of such cases by ice-bags was instituted, however, and this move was justified by the outcome.

The rationale of this procedure is right in the line with the use of cold and heat for their effect upon the vaso-motor portion of the sympathetic nervous system. When heat is applied to a congested or inflamed area, there is a primary dilation of the smaller blood vessels there, with quickened flow of blood for a time which is followed sooner or later, depending upon the degree of heat and the time during which it is applied, by a secondary contraction. The area is red while the heat is applied and for a time after it is removed. Later it is pale. Apply cold to a part and there is a primary contraction of the arterioles, producing paleness. Remove the source of the cold and there is a secondary dilation, redness coming on. Hot applications give comfort to an inflamed area for a time because the blood vessels dilate and the flow of blood is quickened, the congestion being somewhat relieved. This good effect does not last long, however, as the condition passes to paralysis and increased congestion after the second-

ary contraction ends. We should apply heat when we wish to increase the blood supply to a part and thus heighten its nutrition. When cold is applied to an inflamed area there is discomfort for a short time which is followed by analgesia and comfort as long as the cold is continued. It acts in two ways First as just stated; second as a counter-irritant does. If it is continued long enough the blood vessels immediately under it are paralyzed, an excessive amount of blood flows there which is attracted from the deeper inflamed area. This has a derivative effect. This secondary dilation which is produced by cold is greater than the primary dilation resulting from the application of heat. We can lessen the effect in either case by applying the heat, or the cold, for a time and then removing it until its good effect begins to pass away, when we apply it again. There is no danger, however, from the constant application of cold continued over a considerable period. I have kept ice bags over an inflamed appendix or joint for days—10 to 14—without any untoward consequences. People who freeze easily in the winter will be found to have a special idiosyncrasy with regard to the application of cold. When this is finally removed and the tissues come out from under its influence, the analgesia will be replaced by hyperaesthesia. This is never serious, however, in my experience. We find, then, that when cold is applied the blood vessels of the tissues immediately underneath are first contracted, then dilated. This attracts blood to the part, extracting it from the inflamed area beneath. The blood vessels of the deeper tissues are contracted and remain so. These effects persist as long as the application of cold is continued.

I now recall clearly several cases in which the cold was applied. I regret exceedingly that I have not in my possession full reports of them. What I can remember, however, will be sufficient for present purposes.

Case I was that of a man whose name was Stephen Smith. He was about forty years old, His case was severe and complicated by endocarditis and hyperpyrexia, which latter, on one occasion, demanded the cold plunge. The inflammation in this case had a good start in knees, wrists, heart lining and meninges; but whereas before no treatment had influenced him for good, the ice bags gave immediate relief, ameliorated all symptoms, and, while there had before been grave doubts as to his recovery, he was, ere long, up and about with a decent heart.

Case II was that of a young man, about 27 years old, in whom the severe inflammation was confirmed to the wrists. They bore all the characteristic symptoms, swelling and heat and pain being marked. Ice bags at once removed all pain, he slept by day and night, and, in a short time, all swelling and redness were gone and he got up. Now in this case the ice was applied early and the fellow really had a comfortable (!) attack of acute articular rheumatism with no high temperature and with little discomfort of any sort after the ice was applied.

Two other cases and that will suffice. One was a young man of about nineteen with both knees swollen, red and painful, and flexed. The other was a man past middle life with the ankles involved. Ice did for these two what had not been obtained by any other treatment. Since that time salicylates have held no place in my regard for the treatment of this condition. In many cases they do more harm than good. The pain can be relieved by other agents which will not irritate the stomach and kidneys. If it is desired to employ methyl salicylate at all for its supposed action on *materies morbi*, it is far better to employ it externally.

Have we succeeded in abating this affection with salicylates? Have we in any great proportion of cases been able to shorten its course? My experience tells me no.

All cases in which the ice bags are used early ran a mild course, and, if they are applied sufficiently early, they will abort the attack. Those patients in private practice who have refused to have the cold applied have had severe and long-continued, old-fashioned attacks. Some of them now have ankylosed joints. This is simply because they would not allow the inflammation to be subdued with the cold, or else because, the adhesions having formed, the same perverted nature which rebelled against the ice bags, prevented the adhesions being broken. So ignorant are some people, in their imagined wisdom, that they would resist a ministering angel sent direct from heaven.

If salicylates be specific for the pain, and one desires to administer them, the use of the ice bag in no way interferes with this. If it be desired to lower the temperature by the administration of salicylates, rather than in less dangerous ways, as cold bathing, the ice bag in no way interferes with this. Nor does it interfere with the watching for symptoms nor the application of any accustomed treatment to them. It is my firm conviction that the cold and the tonics will be sufficient. The former is to be applied not only over joints, but, if necessary, over the heart, or meninges, or any part attacked by the poison. The cold lessens the localized inflammatory symptoms, relieving and causing the disappearance of congestions, and with them swelling, heat and redness. It relieves the pain far better than the salicylates ever did or could. It evidently inhibits the development of any *materies morbi*, or bacteria if such be the source of the disease, and relieves the general condition.

No physician has done his duty by the patient suffering from acute articular rheumatism until he has, at least, made a trial of the cold.

I would like to add that I have found cold by ice bags to be very efficacious in cases of gonorrheal synovitis, so-called gonorrheal rheumatism. Of course this has no other connection with acute articular rheumatism than that both are relieved by this treatment. A former patient of mine who had removed to a distant town contracted gonorrhea last year, there being a most profuse discharge for a long period. Arthritis developed in his right knee and for weeks he suffered agony by night and day. He was treated by two physicians, each of whom jumped at the diagnosis of articular rheumatism ordering salicylates, everlastingly salicylates, until the man's stomach was nearly ruined. Finally, the thought occured to his wife (yes, it is true, alas, that he has a faithful wife) that I had employed the ice bag in like conditions. So cold was applied and the first relief that the man had known for weeks ensued, and restful sleep. In this case the ministering angel was not resisted. At this man's request I visited him later, as he did not recover from the after effects, and soon found that it had been a straightforward case of gonorrheal synovitis. The treatment by cold had soon put the man on his feet, after several weeks of great suffering. This is not a case of giving credit to one treatment for the good which another has been working. There had been no sign of improvement for weeks. Further than this cold will abort these cases if applied early.

In this case after treatment by massage and passive motion, hot and cold douches, followed by the application of Unna's dressing, later by adhesive plaster strapping, soon put the joint in good condition. Another point to

be mentioned in this connection is that cases of gonorrheal synovitis will improve far more rapidly and requires far less after treatment if calcium sulphide is employed for a systemic antiseptic. It certainly opposes effectively the formation of pus and its extension by embolism.

Now I feel that these facts should be more widely known and this agent find more employment and investigation than it does at present. My reason for calling attention to them at this time is to bespeak for this treatment more general adoption and test.

ALKALOIDAL MEDICATION

(Eleventh Paper.)

By A. L. Blesh, M. D., 709 W. Noble Ave., Guthrie O. T.

IODOFORM.

Of this iodine preparation there are two granules made, containing respectively gr. 1-67, and gr. 1-6. The larger is the granule to be preferred for adults, the smaller for children.

Iodoform has been so much used as an external dressing for all manner of external lesions that it is seldom thought of as having medicinal virtue when ingested. However the iodine effect can be very quickly obtained by administering iodoform internally and upon this effect its virtue as a remedy rests.

Iodoform is an organic compound of iodine, and is therefore more readily assimilated by the system. The alterative action of iodine is well known to the profession, and does not require dilating upon in this series. Iodoform is one of the most eligible compounds of the drug with which to obtain this action.

When administered to dogs in large doses, five to six grains, iodine can be detected in the urine and saliva two hours after ingestion, and nearly three days are required for its elimination. Consequently, being slow of elimination, it should not be given continuously for a protracted period without carefully noting its effects.

In man the opportunity has been frequently offered through the occurance of accidental cases of poisoning from absorption when used as a surgical dressing, to study its toxic action.

The symptoms produced by it when absorbed in lethal quantities, are very like those of meningitis. In smaller dose it occasions malaise, faintness, loss of appetite, headache, and a strong taste of iodoform is present. (U. S. P.)

The local use of it has demonstrated its power over tubercular and suppurative processes. By pushing it to the limit of toleration it is perhaps the best remedy at our disposal for tubercular processes of the lung tissue. The completer the saturation possible, the more beneficial is its action. The aim should be, when giving it for phthisis pulmonalis, to reach by easy stages at least six grains daily, and as much more as the individual patient will tolerate, ever watching closely its effects. It should be suspended for a time if headache supervenes.

Iodoform is an excellent remedy for chronic bronchitis, especially when combined with nuclein and strychnine arseniate. For this pnrpose give iodoform gr. 1-6, 4 granules, nuclein from 1 to 2 tablets, strychnine arseniate gr. 1-134, 1 granule, together in a capsule, followed by a drink of water every two hours.

For fetid and purulent bronchitis, add calcum sulfide gr. 1-6, 2 to 4 granules to above capsule. This will be found to be an excellent combination, and one that may be relied upon in varying proportions to suit the individual patient, to effect a cure in these

sometimes very obstinate and chronic cases.

Especially will this be found to be of service in that fatal malady, bronchitis of the aged. In these patients, do not forget to examine the heart action as you value your success. There are many patients you will never be able to cure unless you do so, no matter what remedy you use. The heart will frequently be found to be very imperfect in doing its work. If that is the case you can augment the action of the above remedies and more quickly effect a cure by giving digitalin one to two granules every one to three hours as indicated. When giving the trinity withdraw the digitalin and strychnine, as it will be remembered that these remedies enter into the formation of the trinity.

Case: Mr. C, aet. 76, a recent arrival in this country from Missouri. He made the trip overland, and during the changeable spring weather. During the journey he contracted a severe cold which developed finally into a severe attack of bronchitis. When the writer saw him, several weeks after the inception of the trouble, he had a tempature of 103½ degrees, and was expectorating large quantities of a thick, tenacious, yel low, purulent material, especially when first awakening in the morning. Auscultation with phonendoscope, revealed the usual condition within the lungs. Coughing spells would come on during which he would almost smother; so close together were they that he could scarcely get his breath between. Heart feeble, pulse 110. Very short of breath. Prescribed dosimetric trinity No. 1, four granules in twenty-four teaspoonfuls of water; dose, teaspoonful in half glass of hot water, lemonade or milk as preferred, every hour when there is fever; at other times every two hours. Iodoform gr. 1-6, 3 granules, nuclein one tablet, calcium sulfide gr. 1-6, four granules, together in a capsule every two hours. Each dose to be followed by one-half glass of hot milk. The milk was prescribed in this way, after each dose of medicine because, having no appetite no food was taken, and this was merely a way of circumventing his objection to the taking of food. The milk as food he would have refused, but when he was very gravely informed that it was necessary to the successful working of the remedies he yielded without a protest. After the expiration of three days his temperature had declined to normal and the trinity was withdrawn and digitalin and strychnine arseniate added to his other medicine. Expectoration gradually became less in quantity and thinner and less purulent in character. The cough became less troublesome and finally, after three weeks treatment disappeared altogether except upon rapid exertion. He was now better in every way, appetite good, heart's action regular and strong, patient convalescing. All the remedies except nuclein and digitalin were withdrawn and syrup hypophosphites compound ordered.

Iodoform combined with calcium sulfide is also an excellent remedy for boils. In that kind of boils which do not go on to complete suppuration, a sort of abortive type, and which do not come in successive crops, calcium sulfide itself is not so effective as it is in the perfect type. In this type the combination with iodoform is usually successful. Give four to six granules gr. 1-6 of each in capsules followed by water every two or three hours to saturation.

Iodoform is also a useful remedy in scrofula. The many other indications for which iodine will occur to the reader, suffice it to say that iodoform will meet most of these indications satisfactorily. The use of it as

a dressing is foreign to this series and will not be considered.

LITHIUM BENZOATE.

Standard granule gr. 1-6. It may seem preposterous to those who have been accustomed to massive doses, grs. 15 to 40, of this remedy, to hear it asserted that 1-6 of a grain given every fifteen to thirty minutes for eight or ten doses will render acid urine alkaline, but such is the case. Frequently the author sees the indication for massive doses, and so gives it, but where the indication is merely to render the urine alkaline he prefers the 1-6 grain dose.

Combined with colchicine and bryonin it is an excellent remedy for rheumatism and the gouty diathesis. With apocynin and digitalin in free dilution in water it is an effective diuretic. Lithium is not a dangerous remedy, as may be inferred from the dosage as given in the text.

MACROTIN.

Macrotin, the resinoid, active principle of black snake-root, cimicifuga racemosa, standard granule gr. 1-6.

Macrotin is a direct incitant and excitant of the sympathetic nervous system, under the control of which system are the sexual organs of both sexes. Further than this its physiologic action has not been worked out.

Macrotin is one of the component parts of Buckley's uterine tonic, referred to while considering hyoscyamine. Because of its direct influence over the sympathetic ganglionic system, macrotin has been found to be a useful remedy in all reflex disorders having their origin in deranged action of the sexual organs, especially of the female. It is indicated in dysmenorrhoea, backache from a poorly functionating uterus, ovarian neuralgia, rigid os during labor, after pains and the host of minor menstrual derangements, This drug will sometimes surprise one with the promptness with which it will relieve pelvic pain in the female at or about the time of menstruation. The next time you feel impelled to give morphine to allay the agony of some poor sufferer at this time, give instead three or four granules of macrotin, dissolved in hot water every fifteen minutes and note the result. If favorable or unfavorable report the same to your brother practitioners in the pages of the Recorder.

In my experience it has proven of benefit in many chronic ailments of the female genital system. I have used it mostly in the Buckley granule.

MERCUROUS CHLORIDE.

Mercurous chloride, calomel, made in granules of gr. 1-67, 1-12 and 1-6 respectively. We shall consider calomel only long enough to call the attention of the profession to the fact that there is great virtue and no danger in frequently repeated small doses carried dosimetrically to effect. Frequently more benefit can be accomplished with this remedy used in this manner than can be done with single massive doses. However carefully we may use the big dose of calomel we all know that there is some danger of causing salivation. It has occurred with me a number of times when I was more than ordinarily careful, and many times by my patients not attending the parting injunction to "eat or drink nothing sour." When giving the small frequently repeated dose the writer enjoins them to eat or drink any thing they choose if not otherwise contraindicated, because he expects and desires that it will all be absorbed to do its work through the system, and not by "contact" or "gravitation" of mere weight.

The leading indication which calomel fills is the stimulation of the

glandular system generally, and the liver more particularly. It has been used and relied upon as a cholagogue agent for ages. It could not have stood so long as the one reliable cholagogue if it had no virtue. So to begin with, this much must be conceded by its most ardent enemies.

Recognizing the fact then that it is useful, that it has dangers, the wise physician is the one who is able to call out its virtues and avoid its dangers. Tne dosimetrist has come the nearest accomplishing this of any method so far proposed. The doslmetrist expects his remedies to be absorbed whether it is calomel or quinine.

We can get the effect of calomel on the stools safely, pleasantly and efficiently by giving one granule gr. 1-6 every half hour for six doses, for adult or child. If it does not act upon the bowels, which it usually does do, it may be followed by some form of effervescing saline laxative and instead of feeling exhausted the patient will feel refreshed and invigorated.

It cannot be gain-said that there are times when a large dose of calomel is urgently indicated; in these cases divest all prejudice and give it boldly. But for ordinary, so-called "biliousness" give the small dose "idea" a trial.

(To be Continued.)

ARBOR VITÆ-THUJA.

By Elsie R. Schmitz, M. D., Milton, Wisconsin.

A genus of plants of the natural order coniferæ, allied to the cypress, and consisting of evergreen trees and shrubs with compressed or flattened branchlets, small, scale-like imbricated leaves. The common arbor vitæ (thuja occidentalis) is a native of North America, but has long been well known in Europe. It is a tree forty or fifty feet high, and the cones small and obovate, the young leafy twigs have a balsamic smell and both they and the wood were formerly in great repute as a medicine.

The Chinese arbor vitae (thuja orientalis) is a native of China and Japan which is at once distinguishable from the former species by its upright branches and larger, almost globose and rough strobiles, is also in Britain, and upon the continent of Europe, a common ornament of pleasure grounds. It does not attain so great a size as the preceding, and is more sensible of the cold of winter. The balsamic smell is very agreeable. The tree yields a resin having a pleasant odor to which high medicinal virtues were formerly ascribed; hence the remarkable name arbor vitae (Latin, signifying tree of life) given to this species and extended to the genus. Other species are known but are less important than these. So much for the botanical part of this paper on thuja. Dr. Thorne's question "Do you know anything about thuja?" brought to my mind a lesson learned while in medical college, when I innocently said, "I don't know," and called a storm down upon my unintentionally offending head and taught me that I as an M. D. was never to say that I do not know; so I quickly answered "yes it's good for warts."

Thuja occidentalis is a good officer putting in order the gateways, removing obnoxious growths both from within and upon this temple of the soul, toning up relaxed tissue, and freeing those too securely held. It is a thorough reorganizer searching deep for hidden troubles, sweeping up waste material while carefully preventing the escape of life giving products. The following will show its usefulness in many ways: In hemorrhoidal troubles both external and internal when used as an injection or cerate, it is highly commended. A prolapsed arm can be

toned up by its use; urethritis both specific and non-specific, relieved; hydrocele cured by drawing off the fluid and injecting the diluted drug.

Thuja ointment is highly recommended by some authorities as a remedy for chronic conjunctivitis and the cases reported in the journals support its claims, in this trouble. I read of a case of verrucous tumor of the neck cured by giving thuja 6x and one-tenth solution of tincture with almond oil applied locally. In sycotic conditions its worth is well known; bad results from vaccination are quickly and surely wiped out by thuja. The condition that calls for thuja often and loud, is a foul corroding discharge, whether it comes from the ear, nose. intestinal tract or from the vagina; if present, you will be wise if you study thuja. When your patient tells you that his mouth is so sore, feels just as though it had been burnt, don't forget thuja. When clouds of melancholia hang heavy and will not away, drive them hence with thuja. Carry off the impurities, sooth the irritated mucus linings, bring relief to the suffering and benedictions to the doctor by the careful use of thuja occidentalis.

Did space and time permit me to tell you all that I read and what little I know of this drug, you would agree and sigh with me that we did not start out with echinacea and thuja, and rid mankind of all the diseases that flesh is heir to, and herald the tidings that poor Ponce D'Leon failed to bring.

THE NERVOUS SYSTEM.

By Geo. H. Fox, M. D., Janesville, Wisconsin.

(Second paper.)

We closed our previous remarks stating that the portion of indigestable matter might pass off in the excreta unnoticed, just the same as a nickle. Or might remain and produce irritation.

Assuming the latter, what is, or at least may be, that pathological result of this irritation take example: Child about two years of age (in the dental or first mutation stage, so to speak) was taken rather suddenly ill. About 3 o'clock p. m., mother had noticed flushing of face, hands hot; patient was drowsy; wanted to be held on lap and etc.; these symptoms continuing and increasing until seven or eight o'clock p. m. Physician was called. Found temperature quite above normal; patient still drowsy, yet restless; stomach some bloated; could not say there was pain, but tenderness on pressure followed by gaging, almost nausea. After what physician considered proper examination, obtaining history (negative however) concluded that something in the stomach unable to be digested was the cause of foregoing disturbences. Cathartic was given immediately; also a brain and heart sedative. From six to eight hours elapsed when there was a fair evacuation from bowels in which was discovered a piece of cucumber about one inch in length and nearly as wide. Now the medicine not only moved bowels, but in getting up peristaltic action, so to speak, had through the great sympathetic ganglion informed cerebral centre of the unusual occupant of stomach and in order to assist and hasten the removal of such brought on contraction of muscular walls, of that organ commencing at pyloric extremity, instead of cardiac vomiting with much straining produced another equally large piece of the pickle. But what else did it do; both the muscles of head as well as coats of intra-cranial blood vessels were the least passive. Consequently as result of so great emetic action

upon child so young as well as having increased flow of blood, owing to teething. Toward the brain the small vessels were ruptured, causing congestion first, then local pressure and finally a cerebral necrosis, paralysis, and possibly imbecility. Now we have found our pathology, and as such it will remain until death permits us to free the morbid anatomy. Could we even do ourselves justice in the dead house in ten years after above history was written (provided we knew from none other source) as to pathological changes brought about during the time? Answer ye that can.

But to go back; how can we, i. e. by what kind of bed-side reasoning can we not only satisfy the family, but ourselves, in this wonderful change occuring in a few hours. I contend that just so soon as the stomach receives an article of so-called diet, which is undigestible, the vasomotor nerves produce contraction of the mucous surfaces of the stomach in general and the glands in particular; consequently, instead of normal digestive fluid being secreted, there will be a limited but entirely changed fluid pass in from an already irritated surface. Gas is also given off from the now constricted blood vessels, which in a short time has created its own peculiar ptomains. At this stage we have the bloating. Henceforth we are to travel in pathological instead of physiological territory, (possibly sooner.) Now has the solar plexus taken cognizance of affairs and telegraphed the cerebrum. She again through the same system has brought about removal of what was at first the local irritant, but alas! in so doing blood has oozed about the brain, or a portion of it. Ubi irritatio has left the stomach on removal of cause, but ubi flux tells too plainly that now it is brainward and that the last is worse than the first.

(To be continued).

TYPHOID FEVER AND PNEUMONIA CASES.

By S. D. Sour, M. D., C. M., Princeton, Minn.

Osler defines typhoid fever "an infectious disease characterized by anatomical hyperplasia and ulceration of the lymph follicles of the intestines, swelling of the mesenteric glands and spleen, and parenchymatous changes in other organs, with bacillus of Eberth constantly present in these lesions." This is the usual theory that this bacillus is the cause of typhoid fever, hence it is only rational, reasoning in the light of this fact that the more we aim the truest antiseptics, through the blood and intestinal canal at the cause, in the same proportion do we cut short and abort typhoid fever. The time was when this fact was sneered at, and you will meet many an M. D. today, who would laugh you in the face if you were to say typhoid fever can be aborted. "He who laughs last laughs best" and I would say it from the top rung of success in this case.

This autumn I have been testing the effects of viskolein, that splendid, effective antiseptic consisting of a combination of kola and carbolized suphoborate of zinc, with menthol and thymol compounded after the recipe of Dr. Geo. H. Rice, of Sandoval, Ill. I have found it to prove very satisfactory in every way. I will give the history of several cases of typhoid fever and one of pneumonia treated with viskolein with auxiliaries as indicated.

Case No. 1. On September 12, I was summoned to see Mr. U., aged about thirty-five, who lived about six miles in the country. This patient had been sick some three weeks or more, having been treated by another M. D., who had seen him several times. He had failed to break the fever. Examination showed tem-

perature of 102½°, furred tongue, and weak pulse. I immediately prepared ten drops of solution viskolein. in same amount of boiled water, and this was injected into forearm. Small doses of calomel were given every two hours until bowels moved freely. He also was given aconitine, grain, 1-134, thirty granules, strychnine arseniate, grain, 1-30, five granules and digilatin, grain 1-67, about twenty granules; all these in thirty teaspoonfuls of water. One tea spoonful of this solution every hour for fever. Gave also zinc sulphocarbolate, grains, four every hour or two as an intestinal antiseptic. I left six-grain capsules of viskolein powder on my first visit with the strict command that they were to be given every three or four hours or three times a day, which were continued until I dismissed the case. As the patient had no thermometer, no record of temperature was kept between my visits.

The temperature at my next visit on the next day was about 110° The patient was feeling comfortably, the pulse was better. He was given another hypodermic viskolein with auxiliary treatment as outlined before with the exception of the calomel doses as the bowels had moved freely. I did not see the patient for two days after my second call, when temperature showed normal exactly, patient feeling cheerful and pleased. I dismissed my patient only four days after my first seeing him.

I was at first inclined to think I had made a mistake in my diagnosis, and this was not a case of typhoid, but since then his wife has taken typhoid fever, and subsequent history on investigation reveals the fact that they had been drinking water from a spring on the river bank, which was overflowed by the river when the water raised. This was a pleasant test of viskolein, indeed, short effect and to the point. I scored a point in my practice in the way my patient got out so quickly.

Case No. 2. Mrs. P., a school marm who had exposed herself to cold in her school room, due to the fact that the stove was worn out and smoked so much that the windows had to be kept hoisted. The result was she contracted pneumonia in left lung. I saw her two days after she was taken with the chill. I found her temperature 103°, bloody expectoration, every breath causing pain and patient weak. She was not vigorous at her best. I resolved to put viskolein to a test in this case using the other treatment with it. I prepared a hypodermic of viskolein and boiled water, each ten drops which I injected in her arm. Gave her bryonin, grain 1-67, aconitine grain 1-134, strychnine arseniate grain 1-134, digitalin grain 1-67 every half hour when fever was high and then every hour when it lowered. For the cough, which was troublesome, the patient was given codeine sulphas, grain, 1-67 every half hour dissolved on tongue.

Local applications of dry heat in form of hot oats bag over lung involved. As a thermometer account of temperature was not kept between my visits, I cannot give decline of degrees after the hyperdermic of viskolein. I do know, however, that the patient felt easy from the beginning of treatment the bloody sputa lessened and on the fifth day after my first visit I found the temperature 100°, the patient cheerful and easy. I gave the last hypodermic of viskolein before leaving. The case went on to rapid convalescence from a severe attack of pneumonia with a frail constitution to begin with. This was my last visit, and she is able to sit up now. I would say that capsules of viskolein, grains six, were given every three to five hours, This was another victory for viskolein.

Case No. 3 was typhoid fever. Had been working in Dakota harvest fields and had been feeling badly for several days before I saw him; bowels were loose, offensive, and the stools had the characteristics of typhoid fever. Hypodermics of viskolein were given on my visits which were made only every other day or every third day on account of distance and work, Capsules of viskolein were given four times a day with zinc sulphocarbolate, aconitine digitalin, strychnine aseniate, as outlined in case first, were given with small doses of calomel to clean out bowels at the first. Patient improved and on my fourth visit which was exactly one week from my first, I found temperature 101 ° in the late afternoon.

The nose bleeding has ceased and since penning the above facts I have dismissed the patient as he sent me word that he was feeling so well that I need not call any more.

Case No. 4. Mrs. W., wife of case No. 1, contracted typhoid fever presumably from the same source as her husband, namely the bad water from the spring overflowed by the river. Saw her on the 28th of October the first tlme professionally. She had been sick for several days or more before this. Temperature showed fever to be 102 °. Hypodermic of viskolein was injected into arm and the regular treatment given as in case No. 1, and three six-grain capsules of viskolein were given every four to six hours. My visits were made every other or third day at first. On second visit the thermometer registered 103 ° and on my third the temperature was 103½ °. After this it dropped and on my fourth call I had the pleasure to find the fever down to 100⅔ ° and patient decidedly improved, and at present writing she has further improved. At my last visit the temperature was 99¾ ° and I expect to find it normal at my next call. This patient is progressing very favorably and it is reasonably to be expected that she will soon be free from fever in a few days.

From these provings we can summarize the facts as to the therapeutic value of viskolein. In it we have a safe and sure antiseptic that can be given with advantage above others and can be used either hypodermically or by mouth. It exerts a powerful influence on the system, aims at the seat of the trouble in a way that is not followed by a single untoward effect, but supports the patient by reducing fever, cutting short its course, in fact we can truthfully say mitigating, and when case is seen in time it will certainly abort typhoid fever. One case which I had, I only made one visit, and he was confined to his bed only a little over a week after taking the viskolein treatment.

I predict a wide and general use of viskolein and it is a sheet anchor in the treament of typhoid fever. In fact I consider its discovery to be ranked among the galaxy of medical archievments of the twentieth century.

I honestly think it, with the proper auxiliary medication, the very best treatment of typhoid. I wish to say that I am not prejudiced against any other intestinal antiseptic to be used along with viskolein as the carbonate of guaiacol etc., but if any medicine is given in the treatment, then viskolein should be pre-eminently first. I have no fear of typhoid fever if I get the case in good season, or even later if I have viskolein to use, I can carry my patient through safely, pleasantly, and will not have that long seige of fever of four or eight weeks or longer. It is manufactured by that genial firm of Maltbie Company, of New York City (16-18 Broadway), I predict no disappointment to any physician who proves honestly and fairly.

A. L. BLESH, M. D.

One feature which has contributed to the success of the Recorder, is the series of articles on Alkaloidal Medication by Dr. A. L. Blesh. The demand for the back numbers containing these articles has far exceeded the expectations of the publishers and has long ago exhausted the supply. There have been many inquiries regarding the writer of these papers, and so this month it is a pleasure to present a portrait and sketch of the author.

A. L. Blesh, M. D., of Guthrie Oklahoma, is of Pennyylvania German parentage and was born in Clinton County, Pennsylvania. When he was five years of age his parents removed to what was then the frontier in Kansas. Here his educational advantages were limited to a three to six months' winter term in the district school. This continued until he was seventeen years of age, when he faced the world for himself. Out of a very unpromising situation he worked out a good academical education.

Like many another successful man before him, he taught school to help himself up the ladder. The ambition to become a doctor took shape in his mind early and he always looked forward to the proud time when he should become a physician. All of his efforts from his seventeeth year were directed to the accomplishment of the end in view.

While teaching school he was studying medicine all of his spare time and was fitting himself for his life work. At this time chemistry was a favorite study, and the thorough knowledge acquired on the subject has been of great value since, especially in the field of materia medica. By the time he was ready to enter a medical college he was familiar with Gray's Anatomy and Flint's Physiology.

He entered the Chicago Medical College, the medical department of the Northwestern University, and the thorough preparatory work done, admitted him at once to advanced standing. As a student he was always marked for thorough work and also for the convictions which he honestly held and fearlessly defended. He graduated from the medical college in 1889, well prepared for his future work.

Since his graduation Dr. Blesh has been actively engaged in general practice. He has much surgical skill and has done a large amount of surgical work with remarkable success. As a consultant he is in demand, his clear powers of diagnosis and his extended knowledge of therapeutics make his assistance of value to the attending physiciaan. The doctor is a leading practitioner of the West, and has a large practice in Guthrie and the surrounding territory.

He is a very busy man and his literary work has been, as he expressed it a few months ago, "sandwiched" in with a large general practice. He has not a large amount of time to devote to his literary work, but always has something to say, and he says it with clearness, force and originality, For a number of years the doctor has contributed occasional articles to some of the leading journals of the country, which are always well received. In his writing he draws from the best authorities, but he does not feel any especial reverance for "authority" and when his own opinions, founded on clinical experience, differ from the authorities he freely expresses his ideas and gives his reasons.

Dr. Blesh's original work in the field of alkaloidal medication and his writings on the subject, are making him an authority on dosimetry.

We are pleased to announce at this time that we have arranged to have a Department of Alkaloidal Medical in the Recorder next year. This department will be edited by Dr. Blesh and in it the series which he is now writing, will be continued. It will also contain practical notes from the doctor's experience and other original matter. We predict that this department, with its able editor, will be a strong feature in the Recorder for 1899.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CHIPS OF THOUGHT.

Recently a friend of mine came to my office with the Chicago Tribune in hand remarking: Do you know Dr. M. J. Rodermund, a graduate of Vienna, practicing in a little pinery town in Wisconsin? I answered, No, sir. I never have met nor heard of the gentlemen.

"The Wisconsin Doctor," as the Tribune pleases to title the gentleman, has come to stay in the main of his thesis on the circulation, for the heart is no more the means of propulsion of the blood through the system alone than are the arteries or veins, the power lying in the blood, itself, as I understand the doctor. I do not fully agree with the doctor as to the necessity of that muscular cavity, called heart, as I am an admirer of Ancient Martial and his motto: "Nons est vivere, sedvalere, vita." I rather believe in a healthy stomach for good digestion and analogically in a healthy heart for good propulsion of the blood, never doubting that the furor chirurgery (handwork) will cause the news to reach us–that person has no stomach, this person has no heart, yonder fellow has an intestine of only about fifteen feet, not minding the appendix or the ovaries of poor women and many more mutilations. All this lies in the genius of diseases (mental and otherwise), at certain seasons, as Dr. Martin Geigel so rationally exprested in his deep thought work "Ueber den Krankheits-genius." I don't blame

Dr. Rodermund for overstepping a little, becaues medical history shows such enthusiastic facts by the score.

We think the heart alone possesses the power of propulsion of the blood, because we have been taught so, but have been too lazy to think about it ourselves, because there is no money in it. Maybe I should have never have thought of it myself, but in 1871 after the formal close of the Franco-German war, by the inducement of medical scholars at Strassburg, I went to Montpellier in the Southern part of France. That medical school had, since about eight-hundred years been known, or spoken of, as a unicum in its doctrines. There I found something like a key to the doctrines. Life and powers of life, health and disease, beautifully delineated by Mr. James Berard and the Phylosophie Medical par Kuehuholtz, Lobstein, Pathological Anatomy etc. vid. Historical sketch of the Godly Art of Medicine.

The best machine without the necessary propelling power is not worth a cent. The drift of Dr. R's. thesis is to prove the power of propulsion. The heart alone cannot have the power, supposing the hollow muscle called the heart would be stout enough. The valves are not strong enough to stand the pressure, as common sense will perceive at once by examination. Therefore, in due reverence to the Creator (not to subject Him to a criticism of so-called human light), we must admit with Him a motor power besides the heart, and so it is. The first record we have of this is on file in an old Hebrew book, "Leviticus," Chap. xvii, 11-14: "The life is in the blood."

And the life stays in that peculiar fluid for many months if properly taken and preserved. Experience shows that a pair of blue or black eyes coming into severe contact with a strong fist, are best treated by a slice of raw, fresh beef (serum) or by haematherapy; so is uticaria, herpes, etc., when echinacea is used internally as Dr. Elsie Schmitz so well describes in the September Recorder.

Father Hippocrates, though a gentile, shows belief, by accepting a power besides the heart, agreeing with Plato's Epithymia, a separate power, though depending on the soul in its apparent activities having its seat in the abdomen (Ganglion system). Hundreds of good, old and new, thinkers admit a power besides the heart, for instance: Harvey, Malpighi, Fontana, Spallanzani, Haller, Hewson, A. Monroe, Hunter, Eliot, Prochaska, Rudolphi, etc.

But how did that power get there? Very plain as described in Genesis, Chap. ii, verse 7. "The Jehovah of Gods (as Dr. E. M. Epstein, the philologist, most rigidly and grammatically translates it), blew a living breath into Adam, and so he became a living soul."

To show the difference between Psyche, Pneuma, anima, animus spiritus, we simply call the wonderful impondurable power (zoe-life) electricity on account of the rapport in which it stands with electricity, in many cases galvanism being substituted for it, see Beclard's Anatomy Medicale.

How is it that medical students do not recognize this fact for granted? We only read less than two years ago, in a dissertation (or something to take its place) of a medical graduate; that he, with his microscope could see the finest cellular webs and see a moving fluid in them, but could not see the power of life. This is not to be wondered at, for as the old bird sings the young one will whistle.

If a person has thinkingly and meditatingly read medical history, he will find "the tilt" commenctng about the days of Cartesius, Unzer and Magendi (in his glory) the French Nihilist (infidel) who with great eclat introduced

his new (an old iatrochemic) doctrine, opposing the psychic influence on the actions of the nerve system, which in fact only is a leader or conductor of electricity, i. e. the power of life. The so-called science became a mechanical physical something, and very nearly remained so, grouping in darkness for life power. This thought suggested to me a certain passage of the Bible, Romans, I–28: "And as they did not like to retain God in their knowledge, God gave them over to a reprobate mind to do those things which are not good."

F. A. Beckel, M. D.
Sheboygan, Wis.

(To be continued.)

THE INTER COUNTY MEDICAL SOCIETY.

The Inter County Medical Society held its annual meeting at Eau Claire on November 8. The meeting proved to be a success in every respect. Some thirty of the members were in attendance and six new members were received. Most of the time was consumed in presenting, examining and discussing the goodly number of clinical cases that had been procured by some of the resident physicians of Eau Claire. Papers were read by Dr. Greene, of St. Paul, "Medical Ethics;" and Dr. Rinehart, of Ashland, "Treatment of Wounds." They were ably discussed by the doctors present.

Officers for the ensuing year were elected as follows: Dr. D. W. Day, of Eau Claire, president; Dr. Ellenson, of Chippewa Falls, first vice president; Dr. J. J. Selbach, of Ean Claire, secretary and treasurer. Censors were voted to be appointed from every county by the president.

As the place for the next meeting Eau Claire was again selected, the meeting to take place on the third Tuesdays of March, July and November in place of on the second Tuesdays, as it had been formerly.

After the adjournment a magnificent banquet was tendered the visiting brethren by the physicians of Eau Claire, at which excellent toasts and declamations changed off with interesting discourses and valuable suggestions for the welfare of the society. After the banquet the visitors were treated to a really excellent theatre performance at the opera house.

The meeting will be remembered as one of the most interesting in the history of the Inter County Medical Society.

J. J. Selbach, M. D.,
Secretary.

A SLIGHT DELAY.

An extensive fire in our printers' establishment makes the Recorder a little late this month. Part of the magazine was printed and in the bindery before the fire, the balance having been printed since. Our printers are entitled to credit for the quickness with which they have printed the Recorder, considering the difficulties under which they have labored. As soon as possible after the fire, work was resumed on the Recorder and we are enabled to present you this number sooner than we expected, when we saw the flames. Any deficiencies this month can be explained by these circumstances. The December Recorder will be out on time and will be a good number. The Recorder is in the field to stay and grow and no little difficulties of this kind will affect its progress.

Continued fevers of all kinds are treated by physicians to-day with more success than formerly. This is because they give attention to antisepsis and elimination. Keeping these principles in mind as guides to treatment is necessary for the best results.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers, Janesville, Wis.

SILVER.

The title of this article does not indicate a talk on free silver, although, in passing, we will remark that it is very necessary for the physician to have plenty of silver, whether it is in the form of fifty cent or one hundred cent dollars.

We wish to call attention and thought to the increasing number of silver proparations now used in medical practice. A very few years ago the nitrate was the only preparation in use or mentioned in materia medica. The nitrate is a useful preparation and should not be forgotten while using the newer preparations. During the past two years, the use of silver as an antiseptic has greatly increased. In Europe various silver salts are used by some for all antiseptic purposes. We present a few brief notes on some of the newer silver preparations which may be suggestive to our readers.

Argonin is a soluble silver-casein salt, which is in the form of a fine, white powder. It is antiseptic and noncoagulating. It has given some very good results in treating gonorrhea. It is used in a one to two per cent. solution.

Argentamine is an eight per cent. solution of silver phosphate in 15 per cent. ethylenediamine. It is a colorless, alkaline liquid, which turns yellow on exposure. It is astringent and antiseptic like mercury bichloride but does not coagulate proteids. It is used in 1 to 4000 solution the same as the bichloride.

Argental is quin-aseptol-silver, and is an insoluble powder. It is used as a dressing for wounds, ulcers etc. As a mucilage or emulsion, 1 to 3000, it is used in gonorrhea.

Silver citrate is used as a general antiseptic by Crede in solution of 1 to 4000 to 1 to 10,000 and also in powder form. Crede has experimented with and written extensively on the new silver salts. Silver citrate is also knowu as citral. In solution of 1 to 8000 it is used in gonorrhea. It is also used in a variety of surgical cases such as ulcerations, abscesses, fistulae, chancroids etc. Crede, Tilger, Werler and others have reported satisfactory results from its use.

Silver lactate is used by Crede where a stronger disinfectant is wanted. He prepares his catgut, silk, drains and gauze with it. He uses it in abscesses where there is much pus and where energetic action is wanted, in solutions of 1 to 500 -2000.

Argentum colloidale is soluble metallic silver. It is used in solution and in ointment form. It is suitable for internal administration and is prepared in pill form. It is used internally in tuberculosis, septicemia, erysipelas, gonorrheal, rheumatism and other conditions. It is given in 1-6 grain doses on an empty stomach followed by a drink of three to six ounces of water.

Protargol is a proteid compound of silver. It is a yellow powder and is soluble in water. It is being extensively used, and with pleasing results. In ophthalmic practice it is being used by

many oculists in all parts of the world. Dr. Danier says it is specific in all forms of inflammation of the conjunctiva and the cornea with secretions, and to be curative ininflammation of the lachrymal canal. Nitrate of silver and other caustics are superficial in their action, are painful, are apt to produce eschars and pseudo-membaanes, and have other familiar disadvantages. Protargol is practically painless even in concentrated solutions applied to the cornea it does not coagulate albumen; the salt of the normal secretions brings about no reaction; it produces no irritation in the mucous membranes; it impregnates the epithelial cells, and its bactericidal effects penetrate to the deepest tissues, even to the membrane of Descement. No new remedy has given such favorable results as this drug. Severe blennorrheas, presenting all the evidences of infection, which have come under the author's observation in the first, second, or third day of the disease, have been cured by the use of protargol in one or two days. For inflammations further advanced protargol was still appropriate, and rapidly curative. From 5 per cent. for mild cases to 50 per cent. for the virulent forms was used."

Largin is one of the latest silver preparations. The following report of it appears in a late American Medico-Surgical Bulletin:

"Largin is a silver-albumin compound, the albuminous constituent of which, protalbin, is a peculiar, alcohol-soluble paranucloproteid derivative. It occurs as a grayish-white powder of low specific gravity, and very readily soluble to the extent of 10.5 per cent. in warm as well as cold water, and soluble also in glycerin, blood-serum, and peptones, yielding clear, yellow solutions which remain unprecipitated by chlorides or albumin. Largin contains 11.1 per cent. of silver. It is credited with bactericidal powers superior to those of any of the silver albumin preparations, while being free from any irritating properties. Dr. C. Pezzoli reports having treated in all 60 cases of gonorrhea, but in only 41 of these were the patients under constant supervision. Of this number, 35 were of acute anterior urethritis; and of these, 27 were cured without any symptoms of posterior urethritis occuring. In eight cases this did not occur however. The mode of employment used by the author was to inject solution, varying in strength from $\frac{1}{4}$ to $1\frac{1}{2}$ per cent. according to the stage of the gonorrhea. The injections were practiced thrice daily, the fluid being retained in the urethra from five to ten minutes, morning and noon, and 15 to 30 minutes in the evening. Largin was found, however, not to abort a gonorrhea; it possesses the power to reduce the period of the disease to a minimum when employed immediately after infection. It was also found to give good results in subacute posterior urethritis of gonorrheal orrigin, when employed for some weeks or even months, in the form of a 0.5 to 5 per cent. solution—most probably because of its mildly astringent action."

In the above notes we have presented a review of the new silver preparations and our readers may receive some points for use in practice. We should be glad to receive reports from any of our readers who have used these preparations and who may use them in the future. These preparations have merit, and some will probably come into general use, but we would advise those who have never used them, to read up on them first and begin their use carefully. The extensive use of any preparation by a physician should be based on his personal knowlege and experience.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE for use in training schools for attendants and nurses and in medical classes. By C. B. Burr, M. D., Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich.; formerly Medical Superintendent of the Eastern Michigan Asylum; member of the American Medico-Psychological Association, etc. Second edition thoroughly revised; 5½x7¾ inches. Pages ix-116. Extra Cloth. $1,00 net. The F. A. Davis Co., Publishers; 1814-16 Cherry street, Philadelphia; 117 W. Forty-second street, New York City; 9 Lakeside Building, 218-220 S. Clark Street, Chicago Ill.

This book is intended as a student's manual but it contains much of interest and value to physicians. The first part of the book is devoted to an explanation of the principles of psychology.

The second part is devoted to insanity, and the clear definitions in this section, many physicians will find of use to them. Insanity is defined as "a prolonged departure from the individual's normal standard of thinking, feeling and acting. Insane conditions are grouped under four general heads: First, States of mental elation; second, states of mental depression; third, states of mental weakness; fourth, structural brain disease with prominent mental manifestations.

The third section is devoted to the management of cases of insanity and contains many practical and reasonable suggestions. Treatment given is: First, building up the general health; second, correcting pernicious habits; and third, checking morbid impulses.

This edition of the book has added to it a chapter of suggestions as to what to do and what to avoid in caring for the insane; this being an address to the training school class, Eastern Michigan Asylum. The book is written in a clear, pointed and condensed style, and contains more valuable matter than some large volumes.

The Physician's Visiting List for 1899 Forty-eighth year of publication. Price $1. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia.

A good visiting list has become a necessity with a majority of practicing physicians and Blakiston's, which has been used so many years, is a very satisfactory book. The 1899 list has a section on weights and measures by Dr. Oscar Oldberg, who is an authority on the subject. The 1899 dose-table, compiled by Dr. Geo. M. Gould, gives the doses of most remedies in both the English and metric systems. Other valuable tables are also given in the book, arranged for ready reference. The records of visits made, cash account, record of births and deaths etc., are all conveniently arranged.

Mrs. Parvin has donated the large medical library of her late husband, Dr. Theophilus Parvin, to the medical department of the Indianapolis public library.

Valuable post-graduate work is now carried on by means of correspondence course. Dr. Triplett calls attention in his card to several subjects upon which he gives such instruction. This will promote new interest and a higher degree of success in the branches mentioned.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

Adonis vernalis is of value in the treatment of epilepsy.

The Johnston Optical Co's supplement is of use to all who fit glasses.

Splenic extract is being used in treating exophthalmic goitre with encouraging results.

Recent experiments show tyrosin to be an antidote to snake poison. Tyrosin occurs in the dahlia.

Comfrey root as a local application cured a case of sarcoma according to a report in the Medical Times.

J. M. & A, C. Johnston, the Chicago manufacturing opticians, have moved into new and larger quarters at 84 Wabash Avenue.

The Atlantic Medical Weekly and the Philadelphia Polyclinic, both good weeklies, have been merged into the Philadelphia Medical Journal.

A good reconstructive is maltzyme with hypophosphites of lime, iron, postassium and manganese in maltzyme. We have used it in several cases with satisfactory results.

We would again urge our readers to send to the Milkine Co., Elgin, Illinois, for a free supply of samples. Milkine is a grand food, made by men of experience and has a place in every physician's practice. We have used it extensively and have found it a valuable product.

The following is a useful cough mixture for children.

R Syr. Wild Cherry Comp. oz. iv.
(Maltbie's)
Maltzyme, plain oz. ii.
M et S. One teaspoonfull as needed.

Formalyde is a preparation which has a wide field of nsefulness. It is a pure crystalline formaldehyde, and can be made into solutions or vaporized and used in large number of diseases. It is also prepared in powdered form which is convenient for disinfecting purposes.

The following is highly recommended in whooping cough:

R Potass bromid., dr. ij.
Kryofin, gr. vij.
Mucilag. acaciæ.
Aq. dest., aa oz. j
M ft. sol. Sig. One teaspoonful every three hours at night.

Another of Dr. Louis Crusins' calendars for 1899 has been issued by the Antikamnia Co., of St. Louis. We supposed that we should not see another of those calendars, but it seems that Dr. Crusius had finished some of his characteristic paintings before his death. This calendar is composed of unpublished skeleton sketches and any physician who has not received a copy will find it worth sending for.

The Western Medical Supply Co., of Chicago, has an interesting announcement in this issue. They are making a nice line of preparations and will send samples to our readers who apply and mention the Recorder.

Some get the idea that imperial granum is an infant food only, but it has an almost unlimited field of usefulness, as the following report from a physician shows.

"I am glad to be able to give you the following testimony regarding a patient who has been an invalid for many years, and has had great trouble with her diet, I think due to a subacute inflammation of the mucous membrane of the stomach and bowels. For months at a time she has been unable to take a particle of starchy food, and naturally a number of the prepared foods have been tried and different ones have for a time to agree with her, but imperial granum is the only one she can always rely on, often using it exclusively as a diet for weeks at a time. In one or two instances we feel that it has almost saved her life."

A combination justly popular in the molarial districts of this country, and one which is becoming more and more generally used where an infection is to be warded off, is laxiquinin. Composed as it is of iquinin, which has been proven clinically superior to quinine, together with fractional doses of podophyllin, eunoymin and other vegetable laxatives, it contains in small bulk, ingredients which might well require several prescriptions. Thus the fastidious patient is not nauseated by multitudinous doses of unpalatable mixtures, but the desired result obtained by the administration of one remedy. As laxiquinin depends for its action upon an isomeric form of quinine it is largely supplanting that drug, in as much as the disagreeable effect is slight but certain, serving to alleviate the most obstinate constipation without griping or producing catharsis. It has been found invaluable in breaking up a cold, and while of course it does not abort an established infection, yet an incipient or threatening bronchitis or an even more severe inflamation of the respiratory tract is often avoided.

An Illinois physician writes, "How are red gum and slippery elm in the treatment of tonsilitis?"

Red gum and slippery elm are valuable remedies in the local treatment of tonsilitis and also of other inflammatory throat troubles.

Red gum is the resinous exudate from the bark of the eucalyptus rostiata, of Australia. It is an antiseptic and a mild astringent and styptic. It has a soothing effect on the mucous surfaces and thus relieves soreness and irritation. Red gum is useful in sore mouth, sore throat, relaxed uvula and bronchitis. It is used extensively in Great Britain in the form of a throat tablet and is being used more in this country than formerly.

Slippery elm, the bark of the ulmus fulva, is highly demulcent and slightly astringent. It has virtues well known to the profession for years, also known by the public. In throat diseases its use is very pleasant and effective.

Red gum and slippery elm together form a valuable combination in relaxed and inflamed conditions of the throat. A tablet dissolved in the mouth and swallowed every one or two hours will produce good results. This combination is an effective local treatment in these cases, but the general condition of the patient needs attention generally also. Fever, rheumatic diathesis, debility, etc., should all receive proper attention.

Naftalan is a new product prepared from a dark green, viscous, crude petroleum found in the Caucasus. It becomes fluid at 70 degrees and contains no paraffins. It is said to be of considerable value in dermatological practice.

A synethetic cassia oil will soon be placed on the market. It is a fine cinnamic aledehyd, free from chlorine. It is claimed to be equal to the best Ceylon oil for alimentary and all other purposes.

Dr. C. H. Martin died at his home in Mobile, Ala, in October, aged 72 years. He was a leading southern physician, and a man of international reputation. He took a prominent part in all the more important medical societies and was a medical writer of ability.

Dr. Irene S. Toland, a prominent eclectic physician of St Louis, died of fever, at Santiago, September 25. She was an able practitioner with a remunerative practice, but considered it her duty to go to the front as an army nurse. She held a chair in the American Medical College and was highly esteemed by all.

Dr. Jos. Spangenthol, of Buffalo, recommends, in the Buffalo Medical Journal, the following for alopecia areata:

R Hydrarg bichlor, gr. xx.
Glycerin, oz. iv.
Aq. cologn. dr. xviii.
M.

He reports a case in which remarkable results were obtained by its use.

Dr. H. W. Whitaker, of Columbus, Ohio, read a paper at the meeting of the Mississippi Valley Medical Association on Pichi. He said that the annoying symptoms of chronic cystitis, with enlarged prostate, yield to treatment by pichi. In many liver diseases it also gives good results. Uric acid formations in the urine disappear when pichi is used.

The following is a very interesting report from the American Medico-Surgical Bulletin. While this is a rare case yet it is something that the practitioner may meet at any time: The following case of poisoning by eating the fruit of the poke (Phytolacca decandra) will probably be of interest to your readers. On the 16th of August, 1898, two little girls, named Annie Rosen and Beckie Borenstine, aged respectively 7 and 5 years, who lived on a farm two miles from my residence, went to an adjoining field among some bushes, and in an hour or two returned home looking very pale. The oldest one (Annie) told her father that they had eaten some berries and felt very sick. Their parents immediately brought them to my office. Annie presented the following symptoms: Sleepiness, relaxed muscles, nausea, vomiting, pain in the stomach, and paralysis of the secretory organs, for a few hours. Beckie presented the following symptoms: Sleepiness, absence of nausea, no vomiting, lockjaw, rigid extremities, respiration normal, full pulse, paralysis of the respiratory organs. I administered to each as emetics zinc sulphate in solution and mustard, followed by strong black coffee as an antidote. Annie after a few doses recovered. Beckie showed no sign of recovery. Vomiting could not be induced. The stomach-pump was used and stimulants injected, but she died while I was at work upon her.

H. Rosahnsky, M. D.
470 Watkins Ave., Brooklyn Borough,
New York City.

THE MEDICAL SOCIETIES.

FOX RIVER VALLEY AND NORTHWESTERN WISCONSIN.

A joint meeting of the Northwestern Medical Association and the Fox River Valley Medical Society was held at Oshkosh on Tuesday, October 25.

At 8:30 a. m. Dr. C. W. Oviatt, of Oshkosh, gave a surgical clinic at St. Mary's Hospital, where several interesting operations were preformed, after which the first joint session was called to order by Dr. D. R. Freeman, president of the Northwestern Association.

Dr. H. I. Fuller, of Seymour, read a paper on Glioma of the Retina, with history of three cases.

Dr. Geo. J. Hirth, of Milwaukee, read a paper on Diphtheria Therapy, ast and present; discussion by Drs, Doyle, Hill, Barnett, Reineking, Shimonek, Brett, Hitt and Steele.

At 1:30 p. m. the two societies met in seperate session for routine business. Resolutions were introduce by Dr. W. B. Hill, of Milwaukee, and adopted, condemning the action of Dr. Emil Behring, of Germany, for taking out a patent in this countay for diphtheria antitoxin, and pledging the societies to the use of the American products in preference.

At 2:30 p. m. the second joint session was held. Dr. F. Shimonek, of Milwaukee, read a paper on Metro-endometritis, with especial reference to the dangers attending the use of the curette, with exhibition of a very interesting specimen. Discussion by Drs. Oviatt, Robinson, of Chicago, and others.

Dr. Carl W. Duege, of Marshfield, read a paper on Deep-seated Phlegmonous Inflammations of the neck, with report of a case. Discussion by Dr. Harrington, of Antigo, and Drs. Oviatt and Minaham.

Dr. Byron Robinson, of Chicago, read a paper entitled "Landmarks in Gynecology."

A paper was read by Dr. W- B. Hill of Milwaukee on Medical Scepticism.

Dr. Barnett read a paper detailing a few point in life insurance examinations.

A paper was read by Dr. C. W. Oviatt on the Clinical forms of Sepsis.

A fair attendance from both societies, with discussions full of interest marked this first joint meeting of the two societies, and the wish for another at some future date was freely expressed.

James S. Reeve, M. D.,
Sec'y Fox River Valley Soc.

DOCTORS AND LAWYERS.

The regular meeting of the Rock County Medical Society was held in Janesville, Friday evening Nov. 4, with a large attendance. The members of the legal profession had been invited to attend, and take part in this meeting and a goodly number of prominent ones was present.

The following addresses were delivered: Legal Liability of Physicians, by Hon. M. G. Jeffris; To What Degree are Physicians Imposed upon by Feigning and Malingering, by Dr. Q. O. Sutherland. What is the True Value of Expert Testimony to a Court? Dr. J. F. Pember. Should Experts be Appointed by the Court or is the Truth Better Determined by Opposing Experts Drawing Out all Features of a Given Case, by Hon. E. D. McGowan.

Judge J. W. Sale and District Attorney W. A. Jackson made some remarks, and others took part in the discussions.

This joint meeting of the two professeons was a most interesting, lively and profitable one.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The twenty-fourth annual meeting of the association was held at Nashville, Tenn., Oct. 11th to 14th. The attendance was not as large as usual, on account of the prevalence of yellow fever in the south, but the meeting was a success and a large number of papers were read and discussed.

The scientific character of the meeting was of importance as the papers presented were of a high order. The social features of the meeting were very pleasant consisting of a banquet, a reception with dancing and a musical.

The presidents address was presented by Dr. J. Young Brown, of St. Louis, who dealt with the history of the society and spoke of its rapid growth. He recommended the publication of an annual volume of transactions and proposed an increase of annual dues from three to five dollars.

The following officers were elected for the ensuing year: Dr. Duncan Eve, of Nashville, president; Dr. A. J. Ochsner, of Chicago, vice-president; Dr. J. C. Marfit, of St. Louis, second vice-president; Dr. Henry E. Tuley, of Louisville, secretary, and Dr. Dudley S. Reynolds, of Louisville, treasurer. The 1899 meeting will be held some time during October in Chicago, with Dr. Harold N. Moyer as chairman of the committee of arrangements

The following resolutions were introduced and passed:

Resolved, by the Mississippi Valley Medical Association, that the seal of its condemnation be placed upon the unethical and unprofessional conduct of Professor Behring; that it is the duty of every member to renounce the use of the Behring serum; and that the American manufacturers who purpose contesting the patent in the courts are entitled to the moral and substantial support of every American practitioner.

Resolved, That an earnest appeal be made to the members of the Commission on the revision of our patent and trademark laws, appointed by President Mc Kinley, and their assistance invoked for the modification of existing laws and the suppression of prevailing abuses.

Resolved, that a copy of these resolutions be sent to every medical journal in the United States, and to the members of said Commission, as follows: Hon. Arthur P. Greeley, Assistant Commissioner of Patents, Washington, D. C.; Hon. Peter Grosscup, Chicago, and Mr. Francis Forbes, New York City.

Resolved, That the members of this Society be urged to write their Congressional representatives at Washington and bespeak their support of any measures of relief ultimately proposed by the Commission.

THIRD PAN-AMERICAN MEDICAL CONGRESS.

I have the honor to announce that in April, 1898, I received from Dr. Jose Manuel de los Rios, Chairman of the Committee on Organization of the III. Pan-American Medical Congress, a request that, in consequence of the then existing rebellion in Venezuela, no definite arrangements be made at that time relative to the meeting of the Congress previously to be held in Caracas in December, 1899.

The following communication relative to the same subject is just at hand,

Caracas, September 25, 1898

Dr. Charles A. L. Reed,

Secretary of the International Executive Commission, Cincinnati, Ohio.

DEAR SIR: After having sent my communication dated April last, I find it to be my duty to notify you that, although the considerations pointed out in it have already ended, our country has been scourged by smallpox which has taken up all our physicians' activities and time, depriving them of going into scientific works. And, as that state of mind of our people and government after such calamities as war and epidemic, would greatly interfere with the good success of our next meeting, I beg leave to tell you, in order you will convey it to the International Executive Committee, that our Government and this Commission would be grateful to have the meeting which was to take place in Caracas in December, 1899, adjourned for one year later. I am, dear Doctor, Yours respectfully,

THE PRESIDENT.

[Signed] DR. JOSE MANUEL DE LOS RIOS.

In accordance with the request of the Government of Venezuela, and of the Committee on Organization, the III. Pan American Medical Congress is hereby postponed to meet in Caracas in December, 1900.

For the International Executive Commission.

CHARLES A. L. REED, Secretary.

International Executive Commission of the Pan American Medical Congress. Office of the Secretary. Cincinnati, Nov., 1898.

Dr. G. Q. Colton, who first used nitrous oxide gas in dentistry, died in Holland during a recent trip through Europe. Dr. C. S. McNeille contributes the following interesting sketch of him to the Medical Times.

Dr. Colton was born in Georgia, Vt., February 7, 1814, and was the twelfth child of his parents. He first learned chair making, and when twenty-one years old came to New York, where he followed his trade, studying all the time, however in the hope of becoming a physician. In 1842 he entered the College of Physicians and Surgeons, and later studied in the office of the late Dr. Willard Parker. Two years after he began to deliver lectures on physiology and chemical phenomena. He had acquired a knowledge of electricity, a science then in its infancy, and invented an electric motor, which he exibited, illustrating his lectures with it. This motor is now in the Smithsonian Institute in Washington. Dr. Colton went to California sn 1849, where he searched for gold and practiced medicine among the miners. He was the first man in California to be appointed a justice of the peace. With a competence he returned to the east and went about the country lecturing, telling his audiences of the anaesthetic properties of the laughing gas. In 1863 he established an office in the Cooper Institute. A few years later he was able to visit Paris with a record of 20,000 administrations. Returning to America he opened offices in Philadelphia, Boston, Baltimore and several other cities, and thus through his energy and success the use of nitrous oxide gas as an anaesthetic became thoroughly established, and dentists throughout the length and breadth of the land began to use it, and it dates from the rediscovery in 1863.

Away back in 1844, when he was lecturing in Hartford, Conn., and showing the effects of nitrous oxide gas on persons to whom he administered it on the stage, Dr. Horace Wells, who became one of his subjects, was impressed with the possibility of using the gas in dentistry. He told Dr. Colton of his idea, and the next day he had the gas administered to him and a tooth extracted.

Dr. Colton was also an author and a Shakespearean scholar. He published a brochure on Shakespeare and the Bible, and wrote a good deal upon the discovery of anaesthesia.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, Devoted to the Best Interests of the Whole Profession.

Subscription Price, $1.00 Per Year in Advance. Single Copies, 10 Cents.

VOL. I. JANESVILLE, WISCONSIN, DECEMBER, 1898. NO. 12.

ORIGINAL ARTICLES.

WHAT TO INJECT AND HOW IN GONORRHOEA.

By Ludwig Weiss, M. D., 77 East 91st. St., New York City.

Attending Physician to the Skin and Genito-Urinary Department of the German Poliklinik, Consulting Physician Hebrew Orphan Asylum at New York.

Among the different pathological discharges eminating from the urethra gonorrhoea is the best known and the most wide spread. Fully ninety per cent. of all morbid discharges are gonorrhoeal in their character. The rest are due to other pathogenic bacteria, amongst which the bacteria of pus—the strepto and staphilococcus—cause by far the greater part of urethral discharges; while the purely catarrhal flow, both of rare occurrence, shares with a very small per centage. We consider here only gonorrhoea proper.

Under gonorrhoea we now understand a specific and contagious inflammation of the mucous membrane of the urethra due to the presence of the gonococcus found by the Neisser in 1879. This microbe is the carrier of the specific infection and is contained and abundantly found in the pus secretion which is the main symptom of clap. The gonococcus gives the virulency to the discharge, the ever present pus bacteria generate the flow, the combination of both produces what is commonly called the gonorrhoeal pus or the blennorrhoea of the urethra. The gonorrhoeal process invades not only the mucous membranes of the urethra, but may extend by continuity to the remoter parts of the genito-urinary apparatus in both sexes.

In reviewing these well known generalities in such a cursory way, I intended only to preface the following short notes on the rational treatment of gonorrhoea. It is not within the scope of this paper to write on the treatment of gonorrhoea extensively or systematically. Whether treatment should be commenced immediately after the first appearance of the symptoms, or after the more acute symptoms of the specific urethritis have somewhat subsided is a question on which authorities differ. If I be permitted to express an opinion, I would state in a general way that I advise local treatment to commence as soon as possible, if too highly inflammatory symptoms, such as oedema and lymphangitis are not present in a very marked degree, causing systemic disturbances.

The first question that arises is, what shall we inject? If a great array of remedies devised for a certain ailment are the evidences of a "sure cure," then we may justly rejoice in the sentiment of satisfaction in being the possessors of so many and allegedly so sure specifics as we have against gonorrhoea. But alas, usually the opposite is the fact. The more remedies against a disease, the less positive its cure. The inverse ratio is the order. The "embarras de richesse," the puzzle in which the wealth of remedies places one, means to put one at loss, which of the different remedies to apply. Until up to a recent date the local remedies against gonorrhoea consisted mainly in the use of astringents. The sulphate of zinc, of copper, the acetate of lead, the embodiment of both in the well known Ricords Mixture; alum, tannin, sulfocarbolate of zinc and soforth. Before the advent of the microbial era, but in a time, when the causation of this specific inflammation was already anticipated, such remedies as resorcin, permanganate of potash, thallin, ichthyol and nitrate of silver were recommended, although the permanganate and silver were used long ago on general principles, as alteratives and astringents with various results. In the light of the now acknowledged fact that gonorrhoea is caused only by the gonococcus, the treatment of this common, but by no means trivial affection has been divested of its empiricism, and has reached the stage of a scientific, precise and well defined action. It is therefore self evident, that the choice of the remedy is an easier one, and that the indications have narrowed themselves down to certain well defined points, evolved by laboratory experiments.

How then shall we start treatment? The answer can only be: with a bactericidal remedy; an agent which is known to destroy the gonococcus. Right here we meet the first obstacle. Many remedies are capable of destroying the gonococcus in the culture tube, but in such a concentration as would invariably kill the living tissue if applied to it. Investigators had to look about for another agent, which would destroy the gonococcus in concentration not fatal to the living tissues.

Here the investigations of Crede proved to be a stepping stone. Crede has found as far back as twenty years ago that the ophthalmic blennorrhoea or ophthalmic gonorrhoea of the newborn—which has its cause chiefly in a gonorrhoeal affection of the genital tract of the mother, and contracted by the child in its passage through this infected canal—could be successfully combatted, by applying to the conjunctiva of the baby, immediately after its delivery, a two per cent. solution of nitrate of silver. So successfully did this prove against the deleterious effects of the ophthalmia, that in Germany and other Continental States its timely employment has been made obligatory. We know that the gonococcus is destroyed by a solution of this strength. Acting upon this principle a little instrument was devised by Blo Kusewsky—a miniature bottle enclosed in a metal cap for the instillation into the orifice of the urethra, of a two per cent. nitrate of silver solution, immediately post actum. This little contrivance, if better known, would doubtless prove a safeguard againt gonorrhoea as soon after its developement as possible, or better still, while it is developing.

The gonococcus being such an acknowledged etiological factor, its biological properties have been closely studied and its peculiarities observed. We know, that when brought in contact with the mucous membrane it at once implants itself on it, as the mucous membrane forms a favorable soil for its propagation. Within a

very short time it migrates downward towards the deeper strata, and within twenty-four to forty-eight hours is found in the subepithelial tissue. We must therefore in combatting the enemy, try to dislodge him, We can do this in two ways, mechanically by copious flushing, and chemically by the peculiar antiparasitic action of certain agents. If we are able to combine both, we will have, theoretically the best chance of succeeding.

As to copious flashing, already Levans has devised irrigation of the bladder without catheter; Neisser and others have practiced irrigation of the urethra with different remedies since fifteen years. But it is the merit of Janet, in Paris, to have elevated these sporadic endeavors in 1892, to a systematic treatment of irrigation of the urethra and intravesical irrigation. As a chemical agent he uses a warm solution of permanganate of potassium in the strength of from 1–4000 to 1–1000. The irrigation to be made twice daily for the first few days into the anterior urethra, and then, as the symptoms grow better and the strength of the solution becomes more concentrated, once every day through the whole urethra into the bladder. The height of the irrigator should be above three feet from the urethra. As a nozzle an olive pointed or conical shaped glass tube of half an inch in diameter should be used. To overcome the spasmodic reflex action of the cut off muscle or compressor urethra when the fluid strikes it, the patient is told to breath deeply and make efforts at urination. About four ounces should be allowed to run into the bladder. When the desire for micturation arises, the irrigation is stopped and the patient allowed to empty his bladder. This method of intravesical irrigation of Janet has doubtless its merits. The hydrostatic pressure under which the fluid enters the urethra, baloons it up, puts the folds on stretch by smoothing them out and cleans that organ thoroughly. I attribute to this mechanical action whatever success this method may have, and not to the permanganate of potassium as has been pointed out by many a too enthusiastic observer. The serous secretions of the epithelial tissues as a means of dislodging the gonoccocus is not a specific attribute of the permanganate. Under this treatment the gonococci soon diminish or disappear entirely, but reappear sometimes just as soon as when other methods are employed. The remaining post-gonorrhoic catarrhal discharge must be treated just the same as after other methods, with the aid of astringents. The irrigation method was intended by its sponsor to act also as an abortive, provided that it is used at the very outset of the disease. Some very good observers did not succeed as well in this respect.

When the discharge is once fairly established its employment is not as efficacious as it is held by the adherers of this method to be, and does not cure more rapidly than other methods do. In subacute and chronic cases I have seen much better results from it. As an adjuvant to other methods the irrigation or its equivalent, the big piston syringe is very valuable, especially in treating the posterior urethra without catheter. Taking, then, in consideration, that these irrigations necessitate the patients attendance twice a day and daily for a longer period; that they cannot be entrusted to the patient himself; that the possibility of complications by carrying gonococci to the posterior urethra has been observed even when the greatest care was exercised; that some patients cannot possibly relax their compressor urethra muscle, thus embarrasing both patient and physician; that the sudden expansion of the urethra is a

painful procedure, and can be graded better by the piston syringe; that the cure of gonorrhoea is not materially shortened (except in individual cases, and such occur under other methods also) therefore we cannot concede to this method, as has been done in some quarters, the sure abortive or curative properties claimed for it.

If we are enabled to combine ballooning of the urethra with the sure parasiticidal action of an agent in such a way as to diminish the drawbacks just set forth, we would then be in possession of a method which will act speedily, surely and satisfactorily to both patient and physician.

It is a well known fact that the new salts of silver do not change their chemical properties when in contact with the mucous membrane of the urethra and act therefore directly on the epithelium. This chemical stability enables them to penetrate unchanged into the sub-epithelial layers, thus exerting their antiparasitic powers in localities otherwise impermeable to other agents not possessing this virtue of penetration. The latest preparation of silver which promises these properties is the protargol, introduced a year ago by Neisser. It occurs as a yellowish fine powder, readily soluble in cold, as well as in hot water, by agitation. It is a chemical combination of silver with a proteid, i. e., a silver albuminate. It differs from argonin, which contains 4.2 per cent of nitrate of silver, that its solution remains clear. It contains 8.3 per cent nitrate of silver and stands between its fellow compound, the argentamin, which contains 10 per cent nitrate of silver. The argonin is the mildest, and the argentamin the strongest amongst them and the most irritating. The bactericidal and penetrating power is not marked. Indications for its use are therefore chronic cases, where an irritant is of great service, by provoking an subacute inflammation, starting up a secretion and with it a dislodgement of the dormant gonococci. Argonin is used in a 1 to 4 per cent; argentamin in from a 1-6 to ·1 per cent solution. When the protargol took the place of the argonin, it did so by virtue of its possessing, as Neisser says, a property not found in any of the silver salts to such an extent, An aqueous solution of it is not precipitated either by albumen or by diluted chloride of soda, diluted hydrochloric acid or caustic soda. Concentrated hydrochloric acid precipitates it, but not as chloride of silver, as is the case with the common nitrate of silver, but as protargol, which again dissolves by the addition of more water. These attributes give to protargol a penetrating power not possessed by any of the other silver salts. It is evident that an agent which does not enter into insoluble combinations with the normal tissue fluids, and is not precipitated by them even when left in contact for any length of time, must have an efficiency of action and a power of penetration unprecedented hitherto. If we add to this, that in the concentration to which it is used (¼ to ½ per cent) it excites no perceptible irritation; that it destroys the gonococcus with absolute certainty; that we can enhance its curative influence by prolonged application, it must be conceded that we possess in protargol a remedy which fulfills every indication required of an ideal antigonorrhoicum. As to the nitrate of silver, our staunch and old standby, we will use it in after-treatment, or at the close of treatment, when a postgonorrhoic bacillary or catarrhal discharge or secretion, or some localized affections of the mucous membrane are to be combatted. It acts chiefly as an astringent in the former and as a caustic in the latter event by its pre-

cipitating the chlorides and albuminates of the tissues.

In closing I will dwell only briefly on the question, how to inject? As the average capacity of the male urethra, that is, of its anterior portion from the orifice to the compressor muscle is about one and a half to two drams, it is best to use a syringe which will hold from two and a half to five drams. This surplus, when injected, will expand the urethra, smooth out the folds, and so bringing the remedy in contact with the whole diseased surface. The syringe should have an olive pointed tip, made either of glass, soft or hard rubber; the barrel be of glass in hard rubber mounting. The piston should act easily without jerking. The solution should be warm, but that is not essential. The injection should be a prolonged one, i. e: be retained in the urethra for thirty minutes time a day. Should the fingers, which hold the orifice closed, become tired, the fluid may be allowed to escape and another injection be made afterwards. This may be followed by a third one each time allowing the solution to be retained for ten minutes. Or the patient may inject three times a day, retaining the solution twenty minutes at a time; or he may inject six times a day (the more the better) retaining it ten minutes respectively. Mechanical devices for keeping the solutions in the urethra without the aid of the compressing fingers have been invented, (Schiffa Vienna).

Conclusions

Commence treatment as soon as possible.

Use prolonged injections of protargol.

Examine every other day at least, with microscope, whether gonococci, have diminished.

Keep injections up until gonococci have vanished.

Astringents for the post-gonorrhoic flow are rarely necessary, as protargol acts as such also.

Irrigate when the posterior urethra is affected with ¼ per cent. solution of protargol either by Janet's method or better yet, with a large barreled, olive pointed syringe.

Protargol thus used cures gonorrhoea quicker than any other known remedy or method.

ALKALOIDAL MEDICATION.

(Twelfth Paper.)

By A. L. Blesh, M. D. 709 W Noble Ave., Guthrie O. T.

NUCLEIN.

Nuclein (Aulde) is a phosphorized proteid, and acts through the blood as a ferment, causing a leucocytosis.

The white blood cells play an important part both in the way of defending the body against the onslaught of disease as well as in the process of its cure. At any point where an injury has been received or an attack made, there you will find them massed in strong force to both attack and defend. There is much of truth in Metschmkoff's hypothesis to bear in mind.

In nuclein we have a remedy which will certainly increase the number of leucocytes—the trained soldiers in the highly specialized community of cells which as a whole form the human body. You, reader, may demonstrate this fact if you have a microscope.

Nuclein is prepared for use medicinally in five forms. 1. solution, 2 compressed tablets each containing two minims of the solution, 3. hypodermic tablets, each containing eight minims of the solution, 4. granules each containing one-half minim of the solution, 5. powder representing two drops to each three grains of vehicle.

The powder is for external use, the dusting of sores, application to the throat, etc. Where the stomach is deranged and absorption uncertain, hypodermic injections afford the most reliable method of administering it. When so used, a large dose, eight minims, as represented in the hypodermic tablet, or even more should be given at a single dose so as to avoid the frequent use of the needle. This will be found to be sufficient for from six to twelve hours. When given by the mouth the compressed tablet containing two minims is an elegant and eligible preparation, both convenient to carry and dispense, as well as pleasant to the taste. The smallest child will take it readily.

Nuclein as may be inferred from its action on the economy, is a far reaching remedy and is indicated in every disorder of the system, marked by a disproportionate tissue waste over repair.

It is not a "specific" for any disease, but it is well nigh indispensable in all. It is especially indicated in continued febrile disorders, as typhoid and malarial fevers, diphtheria, bowel disorders, as dysentery and summer complaint of children, lung affections, as chronic bronchitis, combined with iodoform, calcium sulfide or strychnine, as indicated. In tuberculosis it may be pushed to saturation with iodoform. In anemia and those allied conditions where the patient complains of an "all run down" feeling. I have had excellent success with nuclein in combination with iron arseniate and strychnine arseniate in the proportions given in the paper on iron arseniate.

Aulde, to whom we are in great part indebted for this remedy claims to abort typhoid fever with nuclein and copper arsenite, and cites well marked cases to prove his statement. So far as elegance is concerned this treatment is surly far ahead of anything so far offered to the profession in the way of an abortive treatment of this formidable disease. Aulde's statements should be well weighed and considered. Certainly no treatment of this malady is so successful that we can afford to treat any reasonable proposition with disdain.

There are many intelligent physicians who are inclined to look upon the success of the serum treatment of diphtheria as but an additional proof of the efficancy of the nuclein idea, believing that the antitoxic serum owes its virtue to the nuclein it contains. How ever this may be the worth of nuclein in diphtheria and allied throat troubles is too well attested to be doubted. It would be desirable if this relationship between nuclein and the serums could be demonstrated, as then we would have in the former the active principle of the serums. This would be the great desideratum pointed out in the introduction to this series of papers.

Nuclein given in conjunction with iron makes it possible for more of the latter to be assimilated. It is well known by even the advocates of the heroic doses of iron, that very little of the ingested quantity is actually appropriated by the system. The plea is that by some mysterious, catalytic action it accomplishes greater good than smaller and more absorbable doses. It is the belief of the dosimetrist that only that quantity of a remedy which is absorbed and assimilated by the system does good. So nuclein making it possible for more iron to be used in the economy is a help along that line. Especially is this true in those cases of profound anemias and blood degenerations where we wish to saturate the system as quickly as possible with iron.

Nuclein in combination with calcium sulfide should be the dominant idea in the treatment of the acute exanthemata. Neither being a poi-

son, they may be pushed as rapidly as desired to complete saturation.

Nuclein will be found to be one of the most valuable additions to our list of remedies, hitherto not all too reliable, for opposing tissue waste and vitality. When giving nuclein do not forget the ordinary rules of elimination and intestinal antisepsis which have come to mean so much in these days.

Another important indication for nuclein which should not be passed by without mentioning, is hemorrhage from any cause whatever.

Nuclein will not check a hemorrhage, but what is just as important, will rapidly build the blood up again to normal, after its loss. Many of the dangerous sequelae will thereby be avoided.

As a local application I have had experience with but one case which I will briefly report. This was a case of indolent ulcer situated upon the lower anterior surface of the leg. I was driven to sheer desperation by the extraordinary stubborness of this case. I had curetted and strapped and used all manners of application all to no purpose. It occurred several years ago when the alkaloidal idea was quite new to the writer. But from somewhere I had heard of nuclein powder and sent for a free sample and began using it. That ulcer fairly seemed to make bounds toward recovery and in the course of six weeks was cured sound and well. I do not know whether it would do so well again, but I have faith enough to use it should the opportunity present itself.

Nuclein tablets may be given one every two hours or oftener in acute conditions, while four daily may be sufficient in more chronic diseases. The right idea is to give enough of it, since it is not poisonous and the system will not make use of more than is required to meet its wants.

Nuclein may be considered a food medicine. Nuclein medication is opening the way to a new and promising therapeutic vista. What will reach and assist the ultimate cell will uplift the whole body which is but a highly specialized aggregation of cells. When once we thoroughly understand the cell life process all other mysteries connected with corporeal life will clear away.

(To be Continued.)

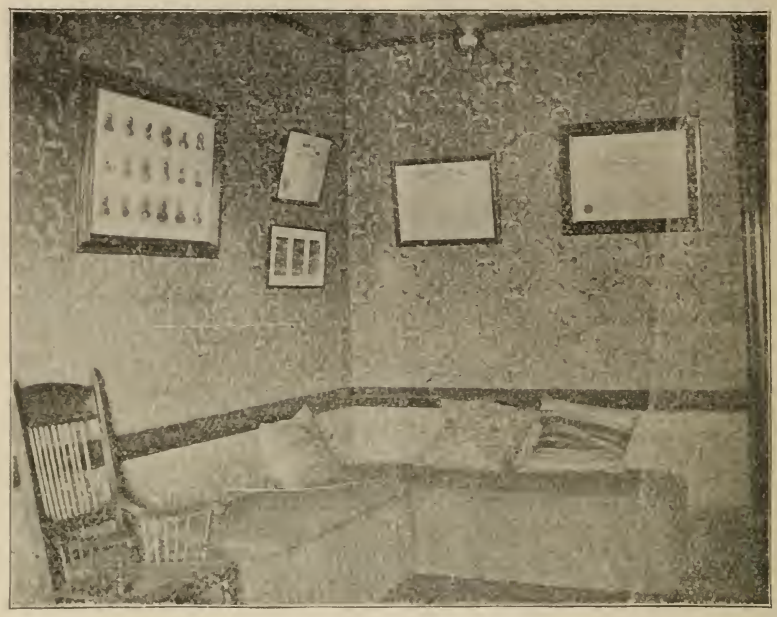
CARE OF THE OFFICE.

By J. A. Pratt, M. D., Aurora, Ill.

In taking up the above subject, one cannot but feel a little delicacy, as it savors of private meddling, yet it is frequently good for a person to have his short comings brought before him.

We are apt to think that it is not the surroundings that make the physician, yet it is as easy to judge the progressive, up to date physician by the appearance and system of his office as it is to judge any one in any walk of life. Very few of us like to do business with a man who is not only slovenly in his dress and habits, but dirty in his surroundings. Yet we are apt to think it all right for a patient to call in a dirty ill kept office and be treated with instruments and apparatus that certainly are no credit to the possessor. None of us like to treat dirty, foul smelling patients.

I am a great believer in a fine appearing office, and as I have prospered so has my office improved, and so it will continue to do, as it is the place outside of home where I spend my time. It pleases me greatly to go in an office that is inviting and well kept, and it is with pleasure that I note that the physicians' offices are becoming better in every respect, but I also regret to say that there are a great many who have still room for Improvement.



Every physician should have as good an office as he can afford, especially those who do exclusive office practice. It not only has a pleasing and stimulating effect on the physician, but it gives the waiting patient that feeling of contentment and well being that is always favorable to the physician. We are apt to neglect the weight and influence of the first impression, and the appearance of one reception room would certainly come under this heading. It should be neat and tasty in furnishing, giving the appearance of a room, whose points are the pleasure and convenience of the waiting patients. These points are noted and opinions formed that are not always beneficial to the physician. The people whose tastes we are to consult, are those to whom the laity look up to, the educated leading people of the community. In order to do the very best for a patient, the physician must have not only the confidence, but best opinions of the patient.

We all have our individual tastes in reference to the decorations and furnishings of an office, but we should all try and be as artistic as possible for it is pleasing to the eye. My office is in dark green and oak, giving a cool and soothing feeling when one enters. What is more conducive to confidence, for a patient with an inflamed and photophobic eye?

In one corner of my reception room fs a box seat, which not only adds to the appearance, but is a receptacle for the odds and ends which I wish to keep, but which litter up an office if there is no place for them. We should avoid the easy over comfortable chair, for there are peopie who are apt too stay to long if overly entertained.

The private office is strictly for business. The floor should be covered with linoleum, or be of hard wood, so it can be easily cleaned and always presentable. Linoleum is pre ferable, for it is less noisy and more pleasiug in apperiance. It is quite impossible to keep the private office presentable by using rugs or carpet,

for it should be a model of neatness and cleanliness.

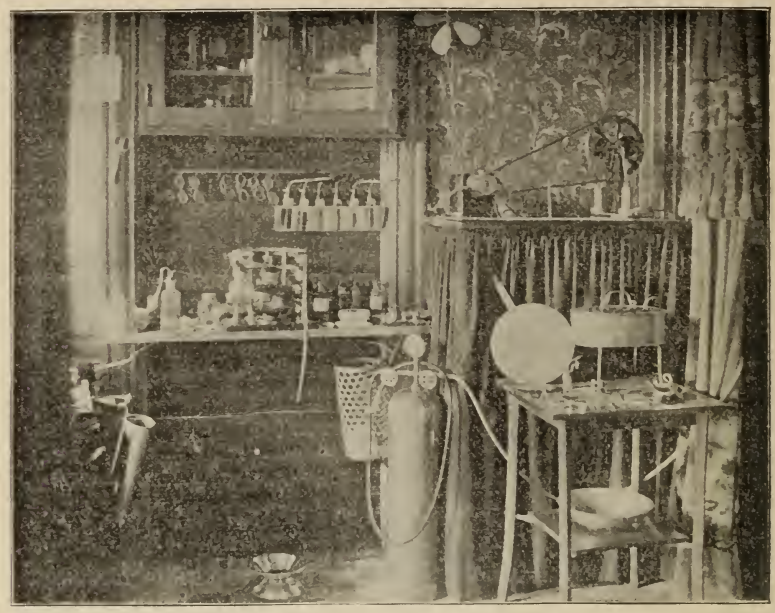
All instruments should be in a convenient case, and so arranged that any one instrument could be found at once.

They should always be bright and clean and well nickled. Every instrument shonld be cleaned and disinfected both before and after using, and those which are used simply for examination, should be cleaned and disinfected before the patient. A pile of clean office napkins should always be at hand, so that a number may be used, unconsciously as it were, in cleaning the examining instruments while questioning the patient. A small vessel of disinfecting fluid should always be at hand. This is a point well worth practicing as I consider it important.

When one wishes a cabinet for instruments, it is difficult to find one that suits our idea. It is a great deal cheaper and more satisfactory to have the home cabinet makers build one to order. The one shown is not beautiful but convenient. It has a well lighted instrument space, and is so proportioned that the trial case can be held.

The bottles containing applications should be arranged and have their place fixed by metal bands. If bottles containing droppers are not used, the dropper can be suspended above the bottle by means of a screw eye. Every thing should be so conveniently arranged that it can be found at once. People do not like a hesitating physician.

The waste cotton, dressings, etc. that acccumulate in the office should have particular attention. The cuspidor shonld be used for it's purpose, and not to hold waste cotton or spoiled dressings. I have overcome this feature by having made for me by Karl Bros., Aurora, Ill., what I call a "Waste Cotton Holder." (Medical Record). It catches all the dry accumulations of the office and leaves the cuspidor to receive that which is it's due. The holder is made of copper, nickel plated, and makes a very convenient and sightly article.



Those who use a great deal of compressed air may be interested in the electric air pump shown in the cut. It was made for me by the Victor Electric Co. of Chicago, and is considered an ideal pump, on account of it's size, appearance and rapid work.

The above is only one man's view of the care of the office, . so it is far from perfect, but I hope it will bring suggestions, and new wrinkles that it will pay to remember and copy.

A DREAM.

(Dreamed for the Recorder.)

By Elsie R. Schmitz, M. D., Milton Wisconsin.

I dreamed, and in that dream I seemed to be a noted surgeon of the ingressive type, duly arranged in cap and gown of snowy white, before me lay a weary one with sharp edged tools by her side. With my usual care and self assurance, I was about to begin my work, when I seemed to hear a voice from that mansion not made by hands, the most wonderful of God's handiwork, say to me. "Spare ye my walls, oh, surgeon, hew them not down, leave them not torn and bleeding, seek ye first the cause of all this misery, open the avenues surrounding these walls that they may not have to bear the burden of a clogged system. See to the great network of wires that control us, are they run down with the effort of sending protests to stubborn heads and selfish hearts? Is there no power at the central office? Strengthen us we beseech you by advising rest for this weary frame, have it freed for a time from the strain of life's battles."

During this appeal I had stood as one silenced by a power divine. All was shrouded in mystery. The voice continued. "Go to the weary one and say ten hours of sleep must thou take in every twenty-four, thou shalt not lift mountains, nor scrub flours, neither shalt thou stand nor sit and polish shirt fronts that thy lord may be admired, and of the good things of the land thou shalt eat and drink,

such as fruit, eggs and milk, and thou shalt not take the cream off for thy lord's coffee, and of the pure air of heaven must thou drink, in draughts long and deep. Say to her: Withdraw thyself for a time from demands made of thee, that thou canst no longer meet, build up thine earthly tabernacle, give it strength to enforce rules of self protection, and thou shalt have no need to suffer."

The voice continued: "And thou of the gown and sharp edged tools, repair to thy office and solemnly swear to never again do what reason says is wrong; learn of nature that she gives rest to her subjects after each season of toil and re-creation, study hard that thou mays't know why this sad state exists, and when thou hast made the discovery seek to remove the cause and not these injured walls.

The voice died away, the vision faded, a strange light shone upon the screen, and a woman's hand was seen to trace with a uterine curette in letters of blood these words

CHRONIC ENDOMETRITIS.

CAUSE	Cold and exposure. Over work. Too frequent child bearing. Miscarriages. Grief and care. Worn and wasted nerves.
CURE	Protection from cold and exposure. Less work. Less frequent births. Prevent miscarriages. Loving self-abnegation from others. "A pure life for two."

A DREAMER.

Women who believe in corsets have found a friend in Dr. C. N. Miller, of San Francisco. He says they are an aid to health if not too tightly laced and as a general rule they are not too tight. He says the slight pressure they exert on the liver, promotes the activity and normal functions of that organ, also that they prevent too much abdominal breathing and cause the upper lobes of the lungs to be used thus often preventing tuberculosis in these parts.

DISCUSSIONS.

This Department contains each month case reports, letters, inquiries and replies from our readers. If you have a case you would like some help with, or a question to ask, write to us and we will publish it in this Department and you will get the opinions of our medical brethren. When you have an interesting case, write a report of it and send it in and it will help some one else. We need each other's counsel so let us help each other from our experiences. Letters are desired from physicians on any subject pertaining to our profession.

CHIPS OF THOUGHT.

(Continued.)

Even with our senses befogged as they may be, we can observe that there is truth in Doctor Rodermind's thesis, in a common sense way.

1. The propulsion of the blood remains for quite a time, (one and one-half hours), after the heart is cut out of a frog. (Spallanzani, Haller, Zimmermann, Carus, Phillips etc.)

2. By observation we see in the embryo, the flowing of the blood to the heart (Dottergefasse) instead of receiving it from there. Wolf, Pander etc.)

3. By observing the many disorganizations of the heart, ossification, softening and a score more, proves the thesis. (Voigtel, Merkel, Ollo).

4. Elben, Herhold etc., describing monster births, otherwise well developed, without a heart.

5. The blood circulation in fish and the portal system of the mammals is little, if any, influenced by the heart; for in the fish it is the gill, the organ of respiration (ozone, oxygen, elements of nature's electricity) which propels. In the mammal the liver cuts off the so-called suction of the heart from the portal system.

6. There are many animals of the lower class, which have a circulating fluid, but no central organ of that kind, and still live and prosper.

7. Any observer will find that the current of the blood is not always even, and this depends entirely upon the well being of the person, i. e. the above described propulsive power.

8. After a vein of the arm is underbound and so the so-called suction of the heart entirely cut off, the blood keeps filling the outer end of the vein. Gentlemen, this trick is known to any barber or woman doing blood-letting.

9. It is well known that under direct influence of the air (oxygen, ozone, natures electricity) inside of fifteen venous blood turns into scarlet, we do further know that inside of three to four minutes small clouds are visible over the coagulating blood solving into rays of light, from the center of the periphery of the blood clot (Schroeder von der kolk Lect. No. 65, Zander, "Disertatis inaugaral." Bonn.

10 Common sense post mortems show, the left heart and the healthy arteries nearly always empty where there is no ossification or other impediments because the so-called pulsation belongs to them as well as to the heart.

11. You will say: Innervation comes in contact with the thesis—the heart is surrounded with many nerves (Plex. sol, sympathic etc.) just so, be-of its size it is by far the largest in the propulsive channel because it is a dual organ, the place of exchange of the blood into the lungs—with many vessels, but only few nerves (Veigel) and therefore has the larger supply of nerves (The Architect is alway correct.)

12. Don't say no! because with a little perserverance and a little observation you can learn a little secret in your hen house. The first factor of life, is a drop of blood touching the male sperm, the afterward ganglion, which being endowed and by the laws laid down by Him, commanded, to be the builder of such a being like the one, causing the sperm to be placed there. Observe the hatching egg, the setting hen causes by her bodily electricity the first drop of blood to appear and in what peculiar point of the egg? Please bethink this. Did you ever observe Nature's teachings to the simple? The hen plucks out her feathers on the chest bone because the feather is a non-conductor—She knows it. Psalm, 119, 18., Open Thou mine eyes, that I may see the woderful things (emanating) from Thy Laws, (even laid down in nature.)

12. How nature's electric battery is renewed with every breath we take and the power of the same as shown in the action of the lungs, strong and powerful enough to ossilate the whole frame work, ribs, sternum, diaphragm and musculation, expanding and contracting from two to three inches (Dr. Froligh military examiner.)

If the foregoing points indicate common sense truths, then certain systems must be wrong, built on false or uncertain premises in opposition to common law. "Thus in Cod Juris Rome: Testimonium testis, quando in una parte falsum, praesumitur esse et in ceteris partibus falsum."

One more point, dear reader, and then enough for this time; next time I may trouble you with thoughts of the great lights in the profession of the century. What think you of glonoin, trinitrin, nitro glycerine "a something" like azote (zooe life). Please read Dr. Blesh, the alkaliodist's brilliant article in the September edition of the Recorder. You will find that that little life giver will do all the wonders Dr. Blesh ascribes to it. Query—Is this little life giver not scientifically bound electricity? It seems so to me. It works from the tongue nerve into the blood directly. All of this I humbly submit to the thinking readers.

F. A. Beckel, M. D.
Sheboygan, Wis.

COMMENTS ON NOVEMBER RECORDER.

Dr. Ide in his "Cold by Ice Bags in Acute Rheumatism," gives us a very interesting and valuable discourse in the departure from the old method of treating that troublesome condition where almost everything fails in certain cases. I began the cold treatment about a year ago with very satisfactory results. It is time we get out of old ways and try the best thing for rheumatism. Just now I am treating a chronic case of two years duration, which was neglected with result that the patient is a sad picture of what acute articular rheumatism can produce. Hardly able to walk with a cane, both wrist joints and left elbow anchylosed, and left knee joint some impaired, with right one very much so. I am using the Kelly hot air apparatus with benefit. Dr. Ide deserves credit for his original thinking and discovery. Doctor, try cold on your rheumatism cases whether muscular or articular, and report the results. I have been completely disgusted more than once with the old methods that seemed like wasted efforts, and I have placed them on the shelf.

Dr. Blesh's dissertation on Iodoform is excellent and deals with a very useful drug that should be more used for certain cases as an intestinal antiseptic. Its combination with calcium sulfide is excellent. Dr. Blesh is an original thinker, and pushes things along with a vigor, with a why and a wherefore for everything. I find iodoform par excellent in tubercular troubles, grains five given three to four times a day. The only disagreeable feature about its use is its odor which can easily be overlooked. In phthisis it must be pushed to fifteen or twenty grains daily if patients tolerate it. I have had a marked case the last summer of tuberculosis of the left lung with cavity, night sweats, tempature 102° or more, emaciation, in fact a bad case. Iodoform in good doses, with nuclein and good tonics, has saved the case.

Doctors, give it in five grain doses three times daily and watch the results; this is Dr. Waugh's dose. Iodoform never comes amiss for it is an intestinal and constitutional antiseptic and the more thoroughly the system is antisepticized the more thoroughly we can combat disease.

Macrotin is not so generally known as it should be, It is a good uterine tonic and will do effective work. Let us try it more and report to the Recorder.

Mercurious chloride would be one of the ten medicants I would choose were I limited to ten only. I could not get along without it. Yes, small doses repeated every one or two hours are more effective, less dangerous, if any, and so much more pleasant. what a difference compared with the old fogy dose of ten grains at one dose.

Dr. Elsie Schmitz writes a very good paper on "Thuja" which does very good work in certain indicated cases. I have commenced using it the last year or so. I got very good results in a case of seminal emissions. Dr. Schmidt gives us some very good uses for it.

The second paper on "The Nervous System" by Dr. Fox gives us some ideas to digest as to cause and effect and how the medicine acts when a cathartic is given. We would do ever so much better work if we understood the pathology and physiology of the actions of the medicines given, and it is our duty to know.

The biography of Dr. Blesh is interesting and shows what everlasting push and hard earnest work can do; wish we had more of such kind; Dr. Blesh deserves his large practice. Such energy must certainly land one

on the top of the ladder "success." "Chips of Thought" is a sort of pleasant medley of ideas disconnected somewhat, but good. I have read Dr. Beckels historical sketch of the "Godly Art of Medicine" with profit, which he kindly sent me.

"Silver." gives us some valuable uses that are worthy of trial. The article is well written and shows careful thinking and preparation.

Doctor's Library mentions some very valuable books for the shelves of the physicians. Items of Interest are worth perusing and we can always find our time profitably spent in reading this part of the Recorder. The cases of poisoning by eating poke berry, show the toxic effects of the fruit. Children should be warned always about eating strange berries. The Medical Societies present a very good bulletin board. We all wish the Recorder a prosperous year for 1899.

S. D. Sour, M. D., C. M.
Princeton, Minn.

COLONEL WARING.

Col. George E. Waring Jr., the noted sanitary engineer died in New York, October 29, of yellow fever contracted in Cnba. He had just returned from a tour of inspection of the sanitary condition of Havana and other Cuban cities. His prominence in sanitary matters has allied him closely to the medical profession.

George Waring, Jr., was born in Poundridge, N. Y., on July 4, 1833. He was educated in Poughkeepsie for a civil engineer, and when he had completed his engineering studies he studied agricultural chemistry under the late Professor James J. Mapes. He was employed by the park department when the civil war began, and he resigned his place and enlisted in the Garibaldi hussars, a cavalry regiment. Of this he was made major, and served three months with the army of the Patomac. Then he was transferred to the Department of the Southwest as a major of cavalry under General Fremont. He was detailed for recruiting service with station at St. Louis, and raised from that immediate section of Missouri six troups of cavalry called the Fremont hussars. These, with the Benton hussars, were formed into the fourth Missouri cavalry, of which Major Waring was made the colonel, and he commanded the regiment throughout the remainder of the war.

When he was mustered out of the service in 1866 he resumed the practice of his profession. In 1878, when the yellow fever epidemic was raging in Memphis he was called there to plan and put in a new system of sewerage. Because of the peculiar topography of the city the work was difficult, but Colonel Waring solved the problem and gave to the city a sewerage system by which the house drainage and surface drainage were disposed of separately. This system, which afterwards became known as the Waring sewerage system, transformed Memphis from one of the most unhealthy to one of the most healthy cities of the South.

On account of his prominence as a sanitary engineer, Colonel Waring was made a member of the national board of health in 1882. On December 30, 1894, Mayor Strong surprised everybody by announcing that he had appointed Colonel Waring commissioner of street cleaning. This department had long been the bane of every mayor. Colonel Waring cleaned the streets as they had never been cleaned before.

When a commission was appointed to choose camp sites for the American army of occupation in Cuba, Colonel Waring was the first man selected. He made a most careful investigation of the sanitary condition of Havana and other Cuban cities.

The Wisconsin Medical Recorder.

A Monthly Journal of Medicine and Surgery, devoted to the best interests of the whole profession.

J. P. THORNE, M. D., Editor.

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Original Articles are solicited from our readers We wish articles which are sent us to be contributed exclusively to this magazine. We will send the writer of any original article, if desired, twenty-five extra copies of the number containing the article. We are also willing to send copies to the professional friends of the au hor.

Letters, Case Reports and **Questions** are desired for our Discussions Department.

Society news and reports and items of interest are gladly received

HALL & THORNE, Publishers, Janesville, Wis.

THE PAST YEAR.

This number of the Recorder closes the year and the present volume of the Recorder. In the January number we said "We are arranging for a large number of original articles to appear through the year, and our regular subscribers have a great feast of good things in preparation for them." A glance through the pages of the volume shows that we have fulfilled our promise. The bulk of the journal has been original matter, published exclusively in the Recorder. Articles have been presented by men of ability in nearly all the great medical centers, and also by practical and live physicians in all parts of the country. A wide variety of subjects has been considered and some extensively. The early numbers of the year contained articles on pneumonia by good writers, which presented various phases of the subject and the best ideas on treatment. During the summer months diarrhoea and dysentary were considered; and so we could keep on enumerating various topics which have been presented. The index makes all this available for use at any time needed. Practical therapeutics have had a prominent place in the Recorder this year, and will also next year.

The Recorder has had a prosperous year due to the support given by contributors, subscribers and advertisers, and to each we wish to express our sincere thanks. The subscription list is now large and the Recorder goes into every state in the Union and to foreign countries. We hope that our subscribers have also had a good year, and we wish each a Merry Christmas and a Happy New Year and we trust that each will find 1899 to be a most prosperous and pleasant year.

RECORDER BINDING.

The year's Recorders make a convienent volume of practical value for reference. We send every regular subscriber this month, an index which will be found useful in the bound volume. We know that many of our subscribers, and we hope all, will want us to bind their Recorders, so we have made arrangements for binding them nicely and promptly. The style of binding is half leather and cloth with gold lettering. The volumes are well sewed and have cloth hinges which make durable books. We furnish this binding to our subscribers for sixty-five cents a volume, and we prepay the return postage or express. The unbound numbers of the Recorder can be sent to us by mail for eight cents. Thus for a small expense any subscriber can have a good book for his library.

The demand for back numbers has far exceeded the expectations of the publishers, so that the supply of numbers for the first six months of the year, was long ago exhausted. Recently we have succeeded in obtaining a limited number of each issue from physicians in various

places. Anyone wishing the bound volume of the Recorder, who has not the full set, can send us the numbers on hand and we will supply the missing numbers at ten cents per copy as long as our supply lasts. We have been to considerable trouble to obtain these back numbers in order to accomodate those wishing a complete volume. We shall take pleasure in giving prompt and careful attention to binding orders.

RESULTS.

Everyone is looking for satisfactory results. The patient who calls a physician, looks for a cure as a result of the treatment. The physician expects certain results from the remedies he uses which must be of the best quality. The firm placing an advertisement in a medical journal expects results in the form of replies to the advertisement. The Recorder has given its advertisers good results the past year. We know that many have written our advertisers without stating that they saw the advertisement in the Recorder, so we take this occassion to request our readers when writing to advertisers, to please say that the advertisement was seen in the Recorder.

When a physician subscribes for a medical journal he expects results in the form of information, which will keep him abreast with medical progress and which will be of practical value in his daily work. How far we have succeeded in this, those who have read the Recorder for the whole year, can judge. One of the pleasantest things connected with our work, is the receipt of many letters, recently, from subscribers sending in renewals and expressing satisfaction with the Recorder. The following is a sample of the letters we are now receiving:

Hall & Thorne, Janesville, Wis.

Gents: I am a subscriber for your valuable journal, but I send you herein one dollar, for which please advance my subscription. I like your journal. I see something in every number which, aloue is worth the price of the journal for a year. Dr. Blesh's articles are rich in food for thought regarding the alkaloids, and should be widely read.

Yours Fraternally,
L. W. Gates, M. D.

Amish, Johnson Co., Iowa.

NEXT YEAR.

We intend to present our readers, next year a large amount of original matter by good writers in all parts of the country. Space does not allow us to mention all the articles we are aranging for, but we can state that all departments of medicine and surgery will be represented.

The series on Alkaloidal Medication, by Dr. A. L. Blesh, which has been such a success, will be continued next year. In the January number our new department on Alkaloidal Medication will commence and will be conducted by Dr. Blesh.

Dr. J. A. Pratt will contribute a series of articles on Glaucoma, the first of which will be in the January number. These will be of value to all, both general and special practitioners, as every physician should understand this disease. Dr. Pratt has some original ideas on the treatment of glaucoma which will be of interest. He will have something to say about massage of the eye, a procedure which is being used by an increasing number of practitioners with some good results.

While in New York and Chicago recently, the editor arranged for some good articles by leading practitioners in both cities. With the support of our subscribers we expect to publish a valuable and entertaining volume next year.

ITEMS OF INTEREST.

Therapeutic Briefs, Medical News Items, and Clinical Notes on Medicine and Surgery.

The Western Surgical and Gynecological Association meets in Omaha, December 28 and 29.

Send the Recorders for the past year, and sixty-five cents and receive in return a handsomely bound volume.

Pyrosal and phenosol are new salicylic acid derivatives which have been used with good results in acute rheumatic conditions.

Dr. J. S. Mitchell died at his home in Chicago, Nov., 11. He was president of the Chicago Homeopathic Medical College and one of its founders.

The Indiana Medical College was partially destroyed by fire Nov. 25th. The loss was covered by insurance and the building will at once be rebuilt.

Acneine is a preparation which is giving good results in the treatment of acne. If you wish to test it, write to the manufacturers and they will send samples, with the formula.

The Eureka nebulizer is now made in a number of different forms at a variety of prices. O. Q. Holman has just issued a new catalogue of value to anyone interested in nebulizers.

Zomakyne is a valuable remedy in the treatment of la grippe. During the last epidemic it was used extensively and gave excellent results, promptly reducing temperature and relieving pain.

One of the best dressings for ulcers of all kinds is irisol. It cleans and heals old sores very rapidly. Irisol ointment can be quickly made by rubbing irisol into petrolatum and is a most efficient general ointment.

Dr. W. A. Crandall, of Buffalo, believes that gonorrhoea in the first stages can be cured at once without complications of chordee, orchitis, stricture etc., with reliable germicides used locally. Quicker and more effective results are obtained in that way.

The annual announcement of the New-York School of Clinical Medicine has just been issued. It shows a list of forty-two teachers, all engaged in giving practical clinical instruction. The past year has been a successful one for the school and the outlook for the coming year is very encouraging.

At the last meting of the Society of Medical Progress of New York the following officers were elected for next year:

President, Ludwig Weiss, M. D., Vice President, Thos. Manley, M. D. Secretary, Leon F. Garrigues, M. D., Treasurer, Herman Collyer, M. D.

At a late meeting of the Pediatiric section of the New York Academy of Medicine, Dr. E. S. Peck read a paper

on the advantages of protargol and argonin in the treatment of purulent ophthalmia of infants. He has had very satisfactory results, especially with protargol. Protargol is of value in ophthalmological work, as it is unaffected by being combined with cocaine, atropine, eserine etc. Dr. T. Valk uses a one per-cent solution of silver nitrate, containing one-fourth part of sweet spirits of nitre, with good results in purulent ophthalmia.

J. C. Gordon, superintendent of the Illinois Institute for the education of the deaf and dumb, says: "Perhaps it is a long way from the cradle to the honorman in one of the leading universities of America, but somehow I think the start given my own baby by the imperial granum, when on the verge of the grave, has had something to do with his vigorous boyhood and the escape of the minor ills along the way to his present vantage ground."

With the onset of inclement weather and the increased frequency of catarrhal diseases, influenza, pneumonia and like affections, the need of a remedy to meet the various indications is strongly felt. Kryofine acts most favorably in these, and fully supplies the lack heretofore existing. It is a powerful anodyne, a most excellent antipyretic, safe, sure and without any ill-effects whatever in suitable doses. It is not a specific in typhoid, but is a most desirable symptom remedy. Each dose diminishes temperature promptly, gradually and for quite a long period; the heart's action improves; dicrotism disappears. Elimination by kidneys and skin is favored, though not directly influenced; pain, headache and restlessness are relieved, insomnia gives place to calm, refreshing, recuperative sleep. Besides a feeling of warmth, there is a distinct sense of well being most agreeable to the patient. In the acute febrile diseases of childhood it acts excellently in relieving the malaise, pain, temperature and restlessness.

Dr. J. H. Walker, of Mechanicsburg, Ill., reports the following case: About three months ago I received samples of iquinin, laxiquinin and toniquinin, accompanied with literature concerning their formulae, therapeutic value and etc. I had at the time under my care a little girl aged about five years, who was suffering from a stubborn and prolonged attack of malarial fever of the intermittant type, together with constipation. The chief difficulty I experienced in treating the case was due to the fact that owing to a sensitive nervous system and a delicate stomach, the sulphate and other quinine preparations could not be given in sufficient doses for any length of time. Whenever, owing to the disturbed nervous system or gastric derangement, it became necessary to withdraw the drug, the fever would return with renewed energy. I tried all the other remedies popular in the treatment of malarial troubles, but none of them gave the results obtained by the use of quinine sulphate, but as I stated before, I could not continue its use long enough on account of the disturbance it created in the nervous system and stomach.

When I received the remedies, I had about decided to send her to the mountains of Virginia, thinking that perhaps such a change would be of benefit, but after a few days treatment with iquinin and laxiquinin the change of climate was unnecessary, she has been taking iquinin with occasional doses of laxiquinin without experiencing any unpleasant effects, and has regained her health without the use of any other drug.

Thialion is a new salt of lithia which is highly commended in rheumatism and other diseases of the uric acid diathesis.

Formalyde is a pure formaldehyde preparation which is worthy of a trial. It is a reliable germicide and has a wide field of usefulness.

Dr. Triplett gives a post-graduate course at home, on his specialties. Those interested can obtain full particulars by writiug to the doctor.

We should like to have every subscriber send us the names of a few professional friends who are not subscribers to the Recorder. We will send them samples, with the hope that they will subscribe.

Dr. Wm. Schorse, a leading Milwaukee practitioner, died December 12, aged fifty-two years. He had a large practice, was an able man and was highly esteemed by all.

The Chicago Inter Ocean is a good newspaper for physicians as it presents reliable news and is not given to sensationalism. Wisconsin readers will find every day all the important news of the State in the Inter Ocean.

Most of our contributors of the past year will write for the next volume. We want practical articles and case reports from our readers so as to make this a practical magazine. When you see an interesting and instructive case write it up for the Recorder and it will help others.

We can reccomend the Journal of Electro-Therapeutics, of New York, to those wishing a good periodical on the subject. The two following interesting items appear in the December number:

R. P. Johnson, M. D., of Oak Park, Ill., calls attention to the neglect by the American practitioner of the use of electricity in the treatment of intestinal occlusion. Out of a list of seventy articles dealing with the use of of internal electricity in intestinal obstruction and constipation, he finds only three by American writers. He rightly deprecates the haste with which an operation is decided upon and performed and shows from reliable statistics that surgery can boast no better results than electricity. At all events no harm can be done by an early trial of electricity. If success is not met within a reasonable time the surgeon can be called in. Dr. Johnson advocates galvanism by the hydro-electric method, making the rectal electrode positive. The general plan is to make the active electrode negative.

Dr. L. W. Case, of Waterloo, Iowa, reports a case of an encysted tumor, probably fatty, in the abdominal wall.

Examination showed a thick layer of fat in the abdominal wall, which when grasped deeply with both hands, brought to view the presence of a tumor the size of a large orange in the wall just below the navel. Diagnosis, an encysted tumor, probably fatty. The galvanic current was applied through two sponge covered electrodes, about two inches in diameter, with wooden handles. The electrodes were pressed firmly and deeply into the abdominal walls each side of the tumor. The position of the electrodes was changed from time to time during the course of the treatment, the skin being very sensitive. A current strength of about twenty miliamperes was used. Daily applications were made

for three weeks, at the end of which time the tumor had decreased in size to about that of an English walnut. The patient was then obliged to leave town for a month. On returning she came for examination, saying she felt well. Examination was carefully made, but no trace of the tumor could be found.

The patient has been under observation a year since that time and has remained in the best of health with no return of the tumor.

The treatment of pneumonia in children was thoroughly discussed at a recent meeting of the New York Academy of Medicine, and an extended report of it is given in Pediatries. Dr. L. E. Holt summarized the treatment as follows:

(1) No depleting measures are ever admissible; (2) hygienic treatment is indicated, including under this head, fresh air, proper feeding, and intelligent care; (3) no unnecessary medication should be permitted; (4) many annoying symptoms may be relieved by local treatment; (5) the administration of stimulants should be deterred until demanded by the condition of the pulse; (6) high temperature is much more safely and effectively controlled by cold than by drugs; (7) greater caution is necessary in the use of powerful drugs than is generally observed; and (8) rest is quite as important as in any other serious disease.

Dr. Floyd M. Crandall said that there were many differences of opinion regarding the treatment of pneumonia, yet there was a fair unanimity regarding the treatment, so far as its essential features were concerned. It was pretty generally agreed that these little patients require very little medicine, but got along best when not too much disturbed, and when the diet was carefully looked after. He favored the use of the pack, and the avoidance of the coal-tar derivatives, and insisted that the patient should be fed regularly, and not overfed, in the early stages of the disease, as later on it was often difficult to maintain a proper standard of nutrition. He had obtained excellent results from the application of mustard paste, and from inhalations of steam impregnated with creosote, using for the latter purpose the steam tent.

Heroin is a new drug which has a similar action to codeine and is being used largely by many physicians.

Dr. George Strube, Assistant at the Medical University Clinic of Professor Gerhardt, of Berlin, as the result of experiments on animals with heroin, confirms the observations made by Prof. Dreser, viz., that this drug diminishes the frequency of respiration, increases the duration of each respiratory act, as well as the strength of expiration, without producing a paralysis of the respiratory center. The heart and circulation were not influenced to any extent. In all these respects the action of heroin was more pronounced than that of codeine. While the active dose of heroin is smaller than that of codine, the lethal dose is much greater. Having thus established the physiological properties of the new remedy by experimentation on animals, the author tested it upon fifty patients at the Clinic. In cases of phthisis he administered it in place of morphine or codine for the purpose of diminishing the cough and thereby producing sleep. Its manner of administration was usually in the form of pills containing 0.005 Gm. (1-12 grain) of heroin, although it was also employed in powders with addition of sugar and in solution. The small dose was selected because it showed a stronger effect on respiration than the same amount of morphine.

In a case of chronic gastric catarrh of ten years standing, the following treatment was used after the failure of many other remedies to give relief. First the bowels and secretions were thoroughly regulated. Then a teaspoonful of bovinine in milk every hour; to allay the thirst he was given a teaspoonful of bovinine in half a glass of ice water, as necessary. At the end of the third day the quantity of bovinine was increased to a tablespoonful every two hours. This was continued up to the 19th, when the bovinine was again increased to a wineglassful every three hours; at this time the morning vomiting had ceased, the pain in the abdomen had disappeared, and he had gained three and a half pounds in weight; treatment continued. October 29 patients condition splendid; feels hungry, but is still satisfied with the bovinine and milk; treatment continued. November 8, patient said he was well, all symptoms had disappeared and he was now allowed a light general diet; from the beginning of the blood treatment up to the present time having taken absolutely nothing but the bovinine and milk November 12, patient discharged cured; had gained 12¾ pounds in flesh and was feeling splendidly.

Dr. Ludwig Weiss, professor of dermatology and genito-urinary diseases in the New York School of Clinical Medicine, presents Recorder readers a valuable article this month on gonorrhoea. Dr. Weiss recently returned from a trip to the European clinics. The following extract, from an article by Dr. F. G. Novey in the Journal of Applied Microscopy, is of interest in connection with Dr. Weiss' article.

The cause of gonorrhoea is an extremely minute spherical germ or micrococus, known as the gonococcus. It is found almost invaribly in pairs. The two cells in that case are not perfectly round, but are slightly flattened on the apposed surfacess. The appearance is not unlike that of two biscuits with the flat surfaces brought together.

The gonococcus is frequently found in groups of ten, twenty, or more pairs. These groups will be found outside of the pus cells. Again, almost invariably some of the pus cells will be found to contain a large number of these minute organisms. Anywhere from five to fifty or more pairs of gonococci will be seen inside of some of the pus cells.

The characteristics to be borne in mind when seeking this organism are: (1) Minute spherical bodies, flattened somewhat when they are brought together in pairs; (2) the tendency to form in groups between the pus cell; (3) the presence of the gonococcus inside of some of the pus cells.

Detection.—A drop or two of the suspected pus is transferred from the urethra to a clean watch glass or to a glass slide. A drop of water should be added to the material and the whole mixed thoroughly with a plantinum wire. The water serves to dilute the material, and moreover retards evaporation. It is desirable to examine the pus collected on the first or second day of the disease. In old cases, the secretion may contain but few of the gonococci, and these may be associated with other germs.

By means of a looped platinum wire, a portion of the mixture is transferred to a clean cover-glass and spread over as much of the surface as possible. When the specimen has dried in the air it is taken up with a pair of forceps and fixed in the flame. Overheating must be avoided, since it interferes with the proper staining of the germs. Usually, a single passage through the flame will be sufficient to fix the specimen to the cover-glass, so that it will not wash off during the subsequent manipulation.

The fixed specimen, held in the forceps, is then covered with a dilute solution of methylen blue. In about one-third to one-half minute the dye is washed off, the under side of the cover-glass is wiped clean and dry, and finally the cover-glass is inverted onto a clean glass slide. A little water should be present between the specimen side of the cover-glass and the glass slide.

The preparation is now ready to be examined under the microscope. The gonococcus can be seen with the one-sixth or one-eigth-inch objective, but it is advisable for the beginner to employ, if possible, the one-twelfth oil-immersion objective. Even with this lens the organism will appear as very minute points or dots, which may be easily overlooked. The observer will notice, first of all, the large round cells. Within each of these cells there will be usually seen one or two large bodies which are stained a deep blue. These are the nuclei, and the cells themselves are the pus cells. The gonococci are vastly smaller than these pus corpuscles. On careful examination groups of the dot-like gonococcus will be found either between the cells, or in some cases within the pus cells.

The methylen blue is prepared as follows: A saturated alcoholic solution of the dye is first prepared. This will keep indefinitely and can be kept therefore in stock. One part of this strong solution should be diluted with three to four parts of distilled water. This dilute dye will keep for some time, and it is that which is used for staining purposes.

Loeffler's methylen blue solution is excellent for staining gonococci as well as the diphtheria bacilli. It does not deteriorate on keeping. It is prepared by adding 30 cc., of the saturated solution of methylen blue to 100 cc. of a 0.01 per cent. solution of potassium hydrate.

THE DOCTOR'S LIBRARY

This Department contains each month reviews of the latest and best books. Items of book news will keep readers informed on progress in the world of medical literature.

THE PHONENDOSCOPE AND ITS PRACTICAL APPLICATION, by Prof., Aurelio Bianchi, with thirty-seven illustrations. Geo. P. Pilling and Son, 1225-29 Callowhill St., Philadelphia. Cloth, 55 cents.

The phonendoscope is an instrument which in a short time has come into general use by physicians but in order to get the best results it is necessary to understand how to use it to the best advantage and this book gives just the information needed. The first five chapters are translations of lectures delivered by Prof. Bianchi and explain the principles and uses of the phonendoscope. Its value is shown in examinations of the lungs, heart, stomach, liver, intestines, bladder spleen and kidneys. The fourth chapter is devoted to the relation between the outlines of the internal organs of the body as determined by the X-rays and by the phonendoscope and by the laws govering the two methods. Dr. Bianchi says: "Skiascopy, the science of X-rays and the fluoroscope, and phonendoscopy, the science of auscultation with the aid of the phonendoscope, are two new and far-reaching methods of studying the condition of the internal organs of the body, both in health and disease; but these methods are still in their infancy."

The phonendoscope and the digestion of fluids is the subject of an interesting chapter by Dr. Felix Regnault of France. The application of the phonendoscope in the course of pregnancy is an instructive chapter by Dr. M. Anastasiades of the Maternity Hospital, Calamata, Greece. He says: "The results already obtained are sufficient to say that phonendoscopy will be of real service, not only in the

diagnosis of simple cases of pregnancy, i. e., normal cases, but more especially in cases of hydrocephalus, and twin pregnancies, and of various anomalies of the uterus, etc, where the other modes of examination are very often without avail." A good instrument, and this book as a guide, will enable any physician to make phonendoscopy a valuable aid in diagnosis. The book is translated by A. G. Baker, A. M., M. D., of Philadelphia who has done his work in an acceptable manner.

PRACTICAL URANALYSIS AND URINARY DIAGNOSIS: A Manual for the Use of Physicians, Surgeons, and Students. By Charles W. Purdy, M. D., LL. D., (Queen's University); Fellow of the royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys;" also of "Diabetes, Its Causes, Symptoms and Treatment." Fourth, Revised Edition. With Numerous Illustrations, including Photo-engravings and Colored Plates. In one Crown Octavo Volume, 365 pages, bound in Extra Cloth, $2.50 net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-Second St., New York City; 9 Lake Side Building, 218—220 So. Clark St., Chicago, Ill.

Uranalysis, like other departments of medical science, has accumulated such a variety of ways and methods of value that to-day it takes a volume of considerable size to do it justice. A few years ago the available knowledge on the subject was contained in a few pages in some work on chemistry or diagnosis.

The value of an accurate examination of the urine is well expressed in the following words of the author: "The variations in nutrition and waste are accurately recorded in the urine hour by hour, and by an intelligent interpretation of modern methods of uranalysis these physiological tides may now be read as accurately as we can number the pulsations of the heart. By the same methods we are now enabled to measure the hourly inroads upon the organism made by disease with a precision often greater than is afforded by the pulse or the clinical thermometer. Wherever in the economy pathogenic processes seriously disturb nutrition or normal metabolism, the results are recorded in the urine, because the urine, more eminently than any other excretion, represents the equation of these changes. The accurate study of the urine, therefore, has become one of the essential features in advanced clinical medicine. Indeed, through uranalysis alone can an almost daily increasing number of diseases be determined, their intensity be gauged, and their progress toward recovery, or their tendency toward a fatal termination, be predicted. While it is impossible to diagnosticate all diseases from the urine, it is, nevertheless, true that no serious disease can be in progress in the economy without giving rise to more or less marked changes in the character of the urine, and therefore we can no longer afford to exclude urinary analysis from the scientific investigation of any serious form of disease."

The first part of the book deals with analysis of urine both normal and abnormal. It teaches how to detect, isolate and determine the constituents of the urine, to determine the presence of disturbed physiological processes, to detect the presence of pathological changes and to measure the degree of both. The second part of the book is devoted to urinary diagnosis in diseases of the urinary organs and in other diseases. The in-

formation presented will be found invaluable in making careful diagnoses of the diseases considered.

An appendix is added on the examination of urine for life insurance which every physician who does life insurance examining will find useful.

No doctor's library is complete without this work and this is the general opinion of the profession. Three large editions of the book have been sold in three years and it has been adopted as a text-book in sixty medical colleges, which show how the work is appreciated.

THE SEXUAL INSTINCT: ITS USE AND DANGERS AS AFFECTING HEREDITY AND MORALS. Essentials to the welfare of the individual and the future of the race. By James Foster Scott, B. A. (Yale University), M. D., C. M., (Edinburg University), late obstetrician to Columbia Hospital for Women, and lying-in asylum, Washington, D. C.; late Vice-President of the Medical Association of the District of Columbia, etc., etc. Cloth $2.00. New York, E. B. Treat & Company 241-243 West Twenty-Third Street. 1899.

The object of this work just from the press is given in the author's preface as follows: To see men give rein to their animal passions, subjecting themselves and others to so many risks of which they are ignorant, is intensely saddening. The design of this work is to furnish the non-professional man with a sufficiently thorough knowledge of matters pertaining to the sexual sphere knowledge which he can not afford to be without. The future prospects of humanity, of course, rest in the sexual domain of those who are now living, and none will dispute that the degredation of mankind is due more to sexual irregularity than to any other cause. It is commonly said that it is a hopeless task to turn the stream of the sexual activities into orderly channels. So also it is a hopeless task to do away with murder, theft, drunkenness, lieing, and. other prevalent misdeeds. Evils, however, can be mitigated, if not cured, if we subject them to a philosophical analysis, which may suggest remedies. Civilization has very slowly come to the race; and the tribes, originally barbarous, have required long periods of development for their higher enlightenment. The operation of Natural Law is leisurely, but unerring in its regular correlation of causes with definite effects; thus if the individual maintains himself as a desirable ancestor, the blessings of his selfrestraint will, by the operation of the law of the "survival of the fittest," accrue to his posterity, who tend to increase in the ratio of a geometrical progression. On the other hand, the progeny of the careless and the faulty will surely be affected, physically or psychically, or both.

The author has accomplished in the book the object for which it was written. It contains a large amount of information and much good sound advice. The influence of this book will be beneficial to those for whom it is intended. The physician wishing to place such a book in a patient's hands will find this a satisfactory work; the physician himself, will also find much of value in it.

Dr. Joseph W. Marsee died at his home in Indianapolis, Dec. 3, of peritonitis. at the age of fifty years. He was born, educated and spent his life in Indianapolis but had an international reputation as a surgeon. He was professor of surgery and dean of the Medical College of Indiana for twenty-four years. He was closely identified with the hospitals and other medical institutions of Indianapolis.